

**EXPLORING THE EXPERIENCE OF BODY SELF-COMPASSION  
FOR YOUNG ADULT WOMEN WHO EXERCISE**

A Thesis Submitted to the College of  
Graduate Studies and Research  
in Partial Fulfillment of the Requirements  
for the Degree of Master of Science  
in the College of Kinesiology  
University of Saskatchewan  
Saskatoon

By  
Katie-Ann Berry

## **PERMISSION TO USE**

In presenting this thesis in partial fulfillment of the requirements for a Postgraduate degree from the University of Saskatchewan, I agree that the Libraries of this University may make it freely available for inspection. I further agree that permission for copying of this thesis in any manner, in whole or in part, for scholarly purposes may be granted by the professor or professors who supervised my thesis work or, in their absence, by the Head of the Department or the Dean of the College in which my thesis work was done. It is understood that any copying or publication or use of this thesis or parts thereof for financial gain shall not be allowed without my written permission. It is also understood that due recognition shall be given to me and to the University of Saskatchewan in any scholarly use which may be made of any material in my thesis.

Requests for permission to copy or to make other use of material in this thesis in whole or in part should be addressed to:

Dean of the College of Kinesiology  
University of Saskatchewan  
87 Campus Drive  
Saskatoon, Saskatchewan  
S7N 5B2

## **ABSTRACT**

Self-compassion has recently been introduced to Western psychology literature and is defined as a kind, understanding, and nonjudgmental toward oneself (Neff, 2003a). While self-compassion has been conceptualized as a construct that is important to one's overall sense of self, it might also be relevant to more specific self-attitudes, including one's attitude toward the body. Body-related attitudes have received much attention from sport and exercise psychology researchers in kinesiology and it was anticipated that body self-compassion would be relevant to women who exercise, as women often exercise for body-related reasons. The purpose of this study was to explore the meaning of body self-compassion for young adult women who exercise and have experienced a change in their attitude toward their body over time; and to discover the essential structure of the women's experiences.

Five women between the ages of 23 and 28 years participated in this study. The women identified themselves as Caucasian and middle-class, were university students, and indicated that they exercised at least four times a week. Each woman participated in an individual interview in which she was asked to describe two instances where she experienced body self-compassion. The women's interviews were analyzed using an empirical phenomenology method (Giorgi, 1985; Giorgi & Giorgi, 2003) to identify the components of the women's stories that were essential to their experience of body self-compassion. A follow-up focus group discussion provided the women with the opportunity to offer feedback on the essential structures. Four essential structures emerged from these interviews: appreciating one's unique body, taking ownership of one's body, engaging in less social comparison, and body self-compassion as a dynamic process. A facilitating structure, the importance of others, also emerged. The

findings of this study are generally consistent with Neff's (2003a) conceptualization of self-compassion as they reflect Neff's overall description of self-compassion without merely replicating the three components of self-compassion: self-kindness, common humanity, and mindfulness.

The findings of this study provide support for the exploration of more specific domains of self-compassion, such as the body. This study also makes a significant contribution to the body image literature, which has been criticized for being pathology-oriented and for focusing mainly on appearance-related attitudes (Blood, 2005; Grogan, 2006). This study explored a positive body attitude and highlighted the women's attitudes toward their physical capabilities in addition to their appearance. Further research is needed to develop the body self-compassion construct by exploring the generalizability of the essential structures that emerged in this study to broader populations.

## **ACKNOWLEDGEMENTS**

I would like to thank my supervisor Dr. Kent Kowalski for his guidance and for his support throughout these past two years. Thanks for making me answer my own questions and for never letting me sit on the fence! I would also like to thank my committee members, Dr. Nancy Gyurcsik and Dr. Stephanie Martin, and my external examiner, Dr. Jennifer Nicol, for their valuable contributions and support during this process. I would like to acknowledge the SHE (sport/exercise/health) psychology group for their feedback and support over the course of my program. Thanks for asking those tough questions! I would like to express my appreciation to the College of Kinesiology for the funding I received. Finally, I would like to thank the five women who participated in this study. Thank you so much for sharing your uplifting and inspiring stories! Without your collaboration, my research would not have been possible.

## **DEDICATION**

This thesis is dedicated to Mom, Dad, and Caela. I've learned my most valuable lessons from my family.

## TABLE OF CONTENTS

PERMISSION TO USE .....	i
ABSTRACT .....	ii
ACKNOWLEDGEMENTS .....	iv
DEDICATION .....	v
TABLE OF CONTENTS .....	vi
LIST OF TABLES .....	ix
LIST OF FIGURES .....	x
LIST OF APPENDICES .....	xi
DEFINITIONS .....	xii
CHAPTER 1 .....	1
1.1 INTRODUCTION .....	1
1.2 LITERATURE REVIEW .....	4
1.2.1 Introduction of the Self-Compassion Construct .....	4
1.2.2 Status of Self-Compassion Research .....	7
1.2.3 Introduction of Body Self-Compassion .....	9
1.2.4 Exploring Body Self-Compassion using Qualitative Research Methods .....	14
1.3 STATEMENT OF THE PURPOSE .....	17
CHAPTER 2 .....	18
2.1 METHODOLOGY .....	18
2.1.1 Empirical Phenomenology .....	19
2.1.1.1 Phenomenological reduction .....	20
2.1.1.2 Description .....	21
2.1.1.3 Search for the essences .....	21
2.1.2 Participants .....	22

2.1.3 Generating Data .....	28
2.1.4 Data Analysis.....	34
2.1.4.1 Read for a sense of the whole .....	34
2.1.4.2 Establishing meaning units .....	34
2.1.4.3 Organization and expression of data .....	35
2.1.4.4 Determination of the structure .....	35
2.1.5 Establishing the Quality of the Research.....	37
2.1.5.1 Positionality.....	38
2.1.5.2 Transferability .....	38
2.1.5.3 Grounding in examples.....	39
2.1.5.4 Negative case analysis .....	39
2.1.5.5 Member checks .....	40
2.1.5.6 Peer review/debriefing .....	40
CHAPTER 3 .....	41
3.1 FINDINGS .....	41
3.1.1 Appreciating One's Unique Body.....	42
3.1.2 Taking Ownership of One's Body .....	47
3.1.3 Engaging in Less Social Comparison.....	53
3.1.4 Body Self-Compassion as a Dynamic Process .....	55
3.1.5 Importance of Others .....	59
CHAPTER 4 .....	63
4.1 DISCUSSION .....	63
4.1.1 Body Self-Compassion Essential and Facilitating Structures .....	64
4.1.1.1 Appreciating one's unique body.....	65
4.1.1.2 Taking ownership of one's body .....	68
4.1.1.3 Engaging in less social comparison.....	69



4.1.1.4 Body self-compassion as a dynamic process.....	70
4.1.1.5 Importance of others.....	74
4.1.1.6 Relationships between the essential and facilitating structures.....	76
4.1.2 Do We Need the Concept of Body Self-Compassion? .....	78
CHAPTER 5 .....	86
5.1 SUMMARY .....	86
5.2 PERSONAL REFLECTION .....	88
5.3 LIMITATIONS.....	93
5.4 SUGGESTIONS FOR FUTURE RESEARCH .....	95
REFERENCES.....	100
APPENDICES .....	109

## LIST OF TABLES

TABLE 1. Transformation of Meaning Units	36
--	----

## LIST OF FIGURES

FIGURE 1. Body Self-Compassion Essential and Facilitating Structures	43
--	----

## **LIST OF APPENDICES**

APPENDIX A Ethical Approval	110
APPENDIX B Individual Interview Guide	112
APPENDIX C Interview Preparation	115
APPENDIX D Consent Form	117
APPENDIX E Transcript Release Form	121
APPENDIX F Focus Group Interview Guide	123

## DEFINITIONS

**Self-compassion:** a positive self-attitude which is characterized by offering kindness and understanding toward oneself, and taking a nonjudgmental attitude toward one's perceived imperfections, limitations and failures (Neff, 2003a).

**Body self-compassion:** a kind, understanding, and nonjudgmental attitude an individual extends toward their body in response to their perceived physical imperfections, limitations, and failures.

**Phenomenology:** the study of human experience and meaning (Hein & Austin, 2001; Lavery, 2003); the purpose of phenomenological research is to explore the meaning and lived experience of a phenomenon (Creswell, 1998).

**Empirical phenomenology:** the purpose of empirical phenomenology is to engage in a structural analysis of the participants' accounts of a phenomenon in order to determine the essential components of that experience (Giorgi, 1997; Giorgi & Giorgi, 2003; Hein & Austin, 2001).

**Essential structure:** those features of a phenomenon that cannot be removed or changed in order for the phenomenon to exist (Giorgi, 1997; Giorgi & Giorgi, 2003; Wertz, 2005).

**Facilitating structure:** a feature of a phenomenon that is not necessarily essential to an individual's experience of the phenomenon, but is a facilitator or catalyst of that experience.

## CHAPTER 1

### 1.1 INTRODUCTION

According to the body literature, body-related concerns are an inevitable part of life for many women in Western society. Much of the body literature to date has focused on body dissatisfaction and pathology associated with negative body-related attitudes (Blood, 2005; Cash, 2002, 2004). Body researchers have studied the perceptual, cognitive-behavioural, and affective components of body image, and have developed extensive knowledge about individuals' perceptions, thoughts, and feelings related to body dissatisfaction (Grogan, 2006). Unfortunately, very little attention has been paid to positive body attitudes (Avalos, Tylka, & Wood-Barcalow, 2005). As the discourse of body dissatisfaction has dominated the body literature, how might we come to understand women's *positive* attitudes toward their bodies? A construct called self-compassion has recently been introduced in the psychological literature and might provide some insight into this issue (Neff, 2003a, 2004).

As it is important for a researcher to acknowledge their position in order to frame their research study (Lincoln, 1998), I will introduce this study by sharing my personal story and how I came to be interested in this research. I became interested in studying body-related issues when I was working on my undergraduate degree at McMaster University. I began my studies as a kinesiology student, but in my second year, a summer work experience as a recreation and occupational therapy assistant at a psychiatric hospital directed my focus to psychology. As a result, I transferred into

the psychology program but maintained my ties to kinesiology by taking elective kinesiology courses. Over the course of my undergraduate degree, I began to notice the extent to which many women around me were affected by body concerns. Two people who were close to me experienced disordered eating behaviours as a result of their body concerns. I remember being very frustrated with them as I tried to help them to see that their eating behaviours were maladaptive and potentially unhealthy. I realized later that although my frustrations stemmed from a sincere desire to help these young women, these frustrations were also rooted in my concerns about my own body. I am a short, compact person and I have always been fairly comfortable with my body. "Good things come in small packages" my mother always told me, and this saying became part of my identity. Although I have always had a healthy body weight, I have sometimes wished I was a little bit thinner, as many young women do. Although I have always been relatively comfortable with my physique, I have come to realize that my perception of my body was often determined in comparison to those around me. When I was around friends who were bigger than me, I felt fine about my body. When I was around friends who were thinner or more athletic-looking than me, I felt like I didn't measure up. I had always tried to ignore these feelings, mainly because I knew that I was healthy and therefore really did not have anything to complain about. However, my interactions with these young women who engaged in disordered eating behaviours stirred my own body concerns, and I found this quite frustrating as I had been fairly successful at managing my body concerns until that point. I did not like the idea that in trying to help these girls, I became more aware of my own body concerns.

At that time, I was in my third year of my psychology degree and was preparing to do my honours thesis. I had decided to study eating disorder behaviours in wrestlers, as this tied together my research interests in psychology and kinesiology. I enjoyed the experience of designing and conducting my own research and upon

completing my undergraduate degree I went on to pursue a Master's degree in kinesiology. Although I enjoyed my undergraduate experience studying eating disorders, I had become interested in positive psychology and the notion of preventing or easing body concerns rather than treating them after they have become clinically significant problems.

As I was trying to choose a direction for my research, my supervisor gave me a journal article on "self-compassion" by Kristin Neff (2003a), a professor of educational psychology at the University of Texas. Self-compassion, defined by Neff, involves offering kindness and understanding toward oneself, and taking a nonjudgmental attitude toward one's imperfections, limitations and failures. She contrasted self-compassion with self-esteem – a construct often based on self-evaluation and social comparison (Neff, 2003a). I identified with the construct of self-compassion almost immediately. I became more aware of the situations where I was evaluative and judgmental about myself, but attended also to the situations where I was more accepting and understanding. I noticed that many of the thoughts and feelings I experienced were directed toward how I felt about my body at that particular point in time. I was able to identify that, as mentioned previously, my perception of my body was often influenced by how I believed I compared to others. My new found awareness of the difference between self-compassion and self-esteem prompted me to reconsider the criteria I used to determine how I felt about myself. The more I thought about self-compassion and what it meant in terms of my attitude toward my body, the more understanding and accepting I was of my body. I realized that self-compassion could be quite useful for those who struggle with body dissatisfaction.

As a result of reading about and reflecting on the construct of self-compassion, I became interested in exploring how it might be applied to the physical self. As I read further, I discovered that the research on self-compassion was mainly conceptual in



nature. I wondered how self-compassion might be experienced in real life, especially when applied to the body. I decided that it would be important to explore what “body” self-compassion meant, as this construct might be a useful tool for those who help individuals who experience body concerns. This led me to develop a research study that explored the meaning of body self-compassion.

## **1.2 LITERATURE REVIEW**

In this section I will discuss the construct of self-compassion and how it might be applied to the body. I will begin with an introduction of the self-compassion construct and a discussion of the status of self-compassion research. I will then discuss qualitative methodology as an appropriate framework to explore the construct of body self-compassion.

### **1.2.1 Introduction of the Self-Compassion Construct**

An individual’s attitude toward their body is an important component of the self and as such, it seems fitting to explore body-related attitudes using the framework of a construct such as self-compassion. In their review of the literature on the self, Leary and Tangney (2003) described the self as an organizing construct in the behavioural and social sciences. They proposed that, in its essence, the self is “a mental capacity that allows an animal to take itself as the object of its own attention and to think consciously about itself” (p. 8). The self is in some way involved in (a) individuals’ experience of themselves, (b) individuals’ thoughts, feelings, and perception of themselves, and (c) individuals’ efforts to regulate their own behaviour. Leary and Tangney identified these three uses of the term self as three areas where

developments in self research have converged. However, Leary and Tangney identified a lack of clarity in the scientific discourse on the self, partly due to the overwhelming number of constructs that have been developed in relation to the self (they identified over 60 such constructs; a few examples include self-esteem, self-acceptance, self-schema, self-awareness, and self-efficacy). The large number of self-related constructs that can be found in the behavioural and social science literature illustrate the complexity of the self, as each construct addresses another nuance and a unique side of the multifaceted self. Neff's (2003a) conceptualization of self-compassion illustrates the complexity of the self constructs as it is somewhat similar to self-esteem, but can be most easily understood in contrast to self-esteem.

Self-esteem has been identified as a fundamental psychological need and is widely accepted as an important component of psychological well-being (Sheldon, Elliot, Kim, & Kasser, 2001). Self-esteem has been defined as one's overall evaluation of self-worth (Harter, 1999). Positive self-esteem has been associated with enhanced mood and positive health behaviors, while negative self-esteem has been associated with negative outcomes, such as depressed mood and anxiety (Rosenberg, 1979). In spite of the positive association between self-esteem and psychological well-being, self-esteem has received some criticism, as efforts to maintain high self-esteem have been linked to problematic behaviours such as narcissism, a lack of concern for others, aggression, and violence (Baumeister, Bushman, & Campbell, 2000; Baumeister, Smart, & Boden, 1996). As such, the benefits of self-esteem have been called into question.

In recognition of the shortcomings of the construct of self-esteem, Neff (2003a) introduced the self-related construct of self-compassion, which stems from Eastern philosophies such as Buddhism. Neff (2003a) defined self-compassion as an attitude of kindness and understanding toward oneself, which involves taking a nonjudgmental

attitude toward one's perceived imperfections, limitations, and failures. Self-compassion consists of three components: self-kindness, common humanity, and mindfulness (Neff, 2003a). Self-kindness involves extending kindness and understanding to oneself rather than engaging in harsh criticism or judgment, desiring well-being for oneself, and taking a nonjudgmental attitude toward oneself for one's perceived imperfections and limitations. Common humanity involves framing one's experiences as part of the shared human experience, rather than feeling disconnected from others. A person who experiences self-compassion would be aware that all humans experience suffering, and would not feel isolated in one's painful experiences. Finally, mindfulness involves being open to and aware of one's suffering, and taking a balanced approach to these negative experiences so that the painful feelings are not suppressed nor are they exaggerated.

Self-compassion is similar to self-esteem in that it is associated with positive psychological outcomes, such as greater life satisfaction and decreased depression and anxiety (Neff, 2003b). However, self-compassion does not show an association with some of the negative consequences of self-esteem, such as narcissism (Neff, 2003b), thus highlighting the potential of self-compassion as an alternative to self-esteem. Neff (2003a, 2003b) suggested that the main advantage of the self-compassion construct is that it is based on self-acceptance, whereas self-esteem is based on self-evaluation and social comparison. The implication of this distinction is that it can be difficult to maintain high self-esteem when constantly engaging in self-evaluation and social comparison in order to defend one's sense of self-worth. Self-compassion, Neff suggested, may be easier to maintain as it is not contingent upon how one believes they compare to others. Instead, self-compassion is based on a nonjudgmental and understanding attitude toward oneself.

### **1.2.2 Status of Self-Compassion Research**

Self-compassion research is in the preliminary stages. Thus far, Neff has introduced the construct (Neff, 2003a, 2004), developed a scale to measure self-compassion (Neff, 2003b), and explored the link between self-compassion and psychological well-being (Neff, 2003b; Neff, Kirkpatrick, & Rude, 2007; Neff, Rude, & Kirkpatrick, in press). Other preliminary research using the self-compassion scale provided evidence for the discriminant validity of the scale with respect to self-esteem measures and found that self-compassion was significantly associated with positive psychological health outcomes, such as greater life satisfaction and less anxiety and depression in a group of 166 men and 225 women undergraduate students (Neff, 2003b). Neff, Hsieh, and Dejitterat (2005) explored the relationship between self-compassion, achievement goals, and coping with a perceived academic failure in a series of studies with a sample of undergraduate students. In the first study (the sample consisted of 84 men and 138 women), Neff and colleagues found that self-compassion was positively associated with mastery goals and negatively associated with performance goals. In the second study (N=110) the researchers found that self-compassion was positively associated with emotion-focused coping strategies and negatively associated avoidance-oriented coping strategies.

In a recent series of studies, Neff, Kirkpatrick, and Rude (2007) provided further evidence for the positive relationship between self-compassion and psychological well-being in a group of men and women undergraduate students. In the first study, they investigated self-compassion as a buffer against anxiety when participants (22 men and 69 women) were faced with an ego threat. The ego threat was created in a mock job interview setting, where the participants were asked to describe their greatest weakness. Neff and colleagues found that self-compassion helped buffer against

anxiety in this self-evaluative situation, while self-esteem did not. Also, the participants who displayed higher levels of self-compassion used more socially interconnected versus socially separating language in their responses, reflecting an enhanced sense of common humanity. In the second study, Neff and colleagues explored whether changes in self-compassion over a one month period were linked to changes in psychological well-being in a group of 2 men and 38 women undergraduate students. They found that participants who experienced increases in self-compassion also experienced increased social connectedness, as well as decreased self-criticism, depression, rumination, thought suppression, and anxiety. Also, therapists' ratings of the participants' self-compassion were significantly correlated with the participants' self-reported ratings of self-compassion, thus providing support for the construct validity of Neff's (2003b) self-compassion scale.

Researchers have also begun to explore methods of increasing self-compassion and using self-compassion as a therapeutic tool. Shapiro, Astin, Bishop, and Cordova (2005) explored whether participation in an eight-week mindfulness-based stress reduction (MBSR) program increased levels of self-compassion in a group of 38 health-care professionals who were 18-65 years of age. The MBSR program was designed to teach participants to become more aware of their thoughts, feelings, and bodily sensations, and to cultivate nonjudgmental observation of these stimuli. One of the meditation practices in this program aimed to help the participants develop greater compassion for themselves and others. The researchers found that those who participated in the MBSR intervention reported significant increases in self-compassion and decreases in stress.

Similarly, Gilbert and Irons (2004, 2005) used self-compassion as a therapeutic tool in a clinical setting to help adults who are highly self-critical. Their Compassionate Mind Training (CMT) approach makes use of compassionate imagery to help clients

develop the ability to soothe and reassure themselves when they begin to engage in self-criticism. Although research on the effectiveness of this approach is still in the preliminary stages, Gilbert and Proctor (2005; as cited in Neff et al., 2007) found that CMT significantly reduced self-hatred, anxiety, and depression, and had a positive impact on those who took part in the training. Although the existing research on self-compassion is encouraging and demonstrates the promise of the construct, it is surprising, given that self-compassion has been explored in more specific areas such as academic and therapeutic settings, that this construct has not been applied specifically to the area of the body.

### **1.2.3 Introduction of Body Self-Compassion**

It is evident that the self-compassion construct has potential in terms of self-concept research and its possible applications for disciplines such as social work or counseling psychology. As a researcher in the field of kinesiology, it appeared to me that this construct could also have implications for research on the body. In Gilbert and Irons' (2004) pilot study for the development of their CMT technique, they explored self-critical themes that emerged from diaries kept by participants prior to the program and found that self-critical thoughts were linked to many different social situations. When asked to describe the situations or events that elicited self-criticism, being at the gym and body image-related situations were among those situations identified. This indicated that while self-compassion had been conceptualized as a construct that related to one's overall sense of self, it could also be relevant to more specific self-perceptions, including one's perception of the *body*. The literature on self-esteem provided some insight as to how self-compassion toward the body could be conceptualized structurally.

Self-esteem has been framed as a multidimensional construct, subsuming more specific domains. In Shavelson, Hubner, and Stanton's (1976) hierarchical model of self-concept, general self-concept is subdivided into academic, social, emotional, and physical self-concept. These are subdivided further into increasingly specific levels of self-concept. Fox and Corbin (1989) proposed that physical self-worth is subdivided into sport competence, body attractiveness, physical strength, and physical condition subdomains. Models designed to explore the link between exercise and self-esteem have also espoused this hierarchical structure. Sonstroem and Morgan's (1989) exercise and self-esteem model (EXSEM) was designed to study the mechanisms by which participation in exercise could lead to changes in self-esteem. They proposed that participation in exercise would lead to changes in physical self-efficacy, which would then lead to changes in more general physical competence. From there, the changes in physical competence could lead directly to changes in global self-esteem or could indirectly affect global self-esteem via changes in physical acceptance. Although the link between exercise and self-esteem has intuitive appeal, and early analyses provided support for the structure of this model (Sonstroem, Harlow, Gemma, & Osborne, 1991; Sonstroem, Harlow, & Salisbury, 1993), a recent meta-analysis of the exercise and self-esteem literature (including studies that tested the EXSEM) found that exercise produces only small improvements in global self-esteem, indicating that the link between exercise and self-esteem might be overstated (Spence, McGannon, & Poon, 2005). Given the questionable support for the relationship between exercise and self-esteem, as well as the criticisms of self-esteem discussed previously, one must consider whether it is *self-esteem* that one would want to promote to begin with.

Just as self-compassion is an alternative to self-esteem, it seemed fitting that there could be a parallel alternative in the physical domain. I proposed that body self-

compassion<sup>1</sup> could be a specific domain of self-compassion, and in accordance with Neff's (2003a) research, would be described as a kind, understanding, and nonjudgmental attitude an individual extends toward their *body* in response to their perceived *physical* imperfections, limitations, and failures. Gaining an understanding of body self-compassion was deemed important as it could provide insight into how individuals perceive their body and how one might foster a healthy attitude toward the body.

Understanding body self-compassion has important implications for women, who are often more likely to experience body dissatisfaction than men (Striegel-Moore & Franko, 2002; Tiggemann & Slater, 2004; Tiggeman & Williamson, 2000). While women of all ages experience concerns about their bodies, body dissatisfaction has been found to be most prevalent in adolescent and college-age women (Schwitzer, Bergholz, Dore, & Salimi, 1998; Stice & Whitenton, 2002). An understanding of body self-compassion can help foster more understanding and nonjudgmental attitudes in women who experience concerns about their bodies.

The self-compassion construct is especially relevant to women who exercise. Individuals who exercise do so for many different reasons, such as personal enjoyment (e.g., improve mood), appearance (e.g., weight control, tone), and health and fitness (Davis, Fox, Brewer, & Ratusny, 1995; Lustyk, Widman, Paschane, & Olson, 2004). Frederick and Ryan (1993) compared the motivation for physical activity in a group of 376 adults (241 women and 134 men, aged 18 to 75 years), and classified their participants into two groups: individuals whose primary physical activity was a sport

---

<sup>1</sup> It is worth mentioning here that the term physical self-compassion was originally chosen because of the conceptualization of this construct as a subdomain of self-compassion parallel to self-esteem's subdomain of physical self-worth. However, as the study emerged, the participants primarily used the term "body" when describing their experiences. The term body self-compassion, therefore, was deemed more appropriate and is used throughout the thesis.



(sport individuals) and individuals whose primary physical activity was non-sport fitness activity (exercise individuals). They found that sport individuals had higher interest/enjoyment and competence motives, while exercise individuals had higher body-related motives for engaging in physical activity. Although many individuals exercise for body-related reasons, it appears that young women are more motivated by weight management reasons than men (Ingledew & Sullivan, 2002).

Although it is widely believed that the more individuals exercise, the better they feel about their bodies, Davis (1997, 2002) argued that the association between exercise and body image is not as straightforward as one might expect. While women who exercise might experience improved body esteem as a result of biological changes such as improved muscle tone, increased stamina, and decreased body fat, these women might also experience decreased body satisfaction, as their body ideal might shift toward a thinner standard (Davis, 1997). In support of this idea, Tiggemann and Williamson (2000) found that increased exercise was associated with a decrease in body satisfaction and self-esteem in a community sample of 70 young women aged 16-21 years. They referred to Fredrickson and Roberts' (1997) self-objectification theory to explain these findings. Tiggeman and Williamson suggested that engaging in exercise for weight control reasons might contribute to high levels of self-objectification in these young women, whereby they treat themselves as objects to be looked at and evaluated, leading to less body satisfaction. Given that weight control is reported in many studies as one of the principal reasons for exercise for women (Davis, 1997) and that weight-related motives for exercise have been positively associated with body dissatisfaction (Cash, Novy, & Grant, 1994; McDonald & Thompson, 1992) and body-related negative affect (Cash et al., 1994; Crawford & Eklund, 1994; Eklund & Crawford, 1994; Frederick & Morrison, 1996; Smith, Handley, & Eldredge, 1998), it

appeared that many exercisers, especially women exercisers<sup>2</sup>, could be in need of a more understanding and nonjudgmental attitude toward their bodies.

While body self-compassion was deemed a potentially significant and useful construct to explore, it is important to acknowledge that there are many constructs in the body literature that address body attitudes. Body-related constructs can be grouped into two general categories: constructs that deal with body perception and constructs that address body attitudes and affect (Blood, 2005; Cash & Pruzinsky, 2002; Grogan, 2006). Constructs that deal with body perception, such as body size estimation, body image disturbance, and body image/size distortion, describe an individual's visual perception of their body size and physical appearance (Blood, 2005; Thompson & Gardner, 2002). Much of the early body image research focused on whether women accurately or inaccurately perceived their body, and this was often measured using size estimation tasks that compared a woman's "perceived" body size to her "actual" body size (Blood, 2005; Thompson & Gardner, 2002). Constructs that deal with body attitudes and affect, such as body satisfaction, physical self-perception, body esteem, and body appreciation, describe an individual's level of satisfaction with their body, evaluation of their body, and emotions related to body shape and weight (Blood, 2005; Grogan, 2006; Thompson & van den Berg, 2002).

Although the majority of the body research focuses on "inaccurate" distortion and negative attitudes, several constructs address positive body attitudes. Those constructs that were potentially closely related to body self-compassion were those that tap into the evaluative-affective dimension of body-related attitudes, such as body

---

<sup>2</sup> In the body literature, it is more common to find the term "female exercisers" than the term "women exercisers", used in this thesis. Blood (2005) argued that the term "female" implies a homogeneous group and assumes a "universal and representative" (p. 36) knowledge of women. As I sought to understand the complex and unique experiences of the participants in this study, I felt the term "women exercisers" was a more appropriate term to use in this study.

satisfaction, physical acceptance, and body appreciation. Body satisfaction refers to an individual's level of satisfaction with their overall physical appearance, or with specific body parts (Blood, 2005). Physical acceptance is somewhat similar to body satisfaction and has been described as "personal regard and liking that people hold for themselves and for their attributes irrespective of their levels of perceived competence" (Sonstroem, 1997, p. 6-7). Finally, body appreciation is characterized by "unconditional approval and respect of the body" (Avalos et al., 2005, p. 278) and reflects the extent to which women

(a) hold favorable opinions of their bodies, (b) accept their bodies in spite of their weight, body shape, and imperfections, (c) respect their bodies by attending to their body's needs and engaging in healthy behaviors, and (d) protect their body image by rejecting unrealistic images of the thin-ideal prototype portrayed in the media. (p. 278)

Each of these constructs addresses positive body attitudes and was potentially quite similar to body self-compassion. I anticipated, however, that just as self-compassion has emerged as a valuable construct that is different from self-esteem, body self-compassion might also have unique meaning with respect to the other body constructs and might make an important contribution to the body literature. In the discussion chapter of this thesis, I explain the conceptual differences between body self-compassion and the other constructs that emerged based on the findings of the study. From the outset, however, body self-compassion was different from the other body constructs in terms of the method of inquiry used to explore its meaning.

#### **1.2.4 Exploring Body Self-Compassion using Qualitative Research Methods**

Body image research has been criticized for its positivist assumptions and methodologies. Blood (2005) argued that "the positivist research methods employed in body image research focus on quantifying women's bodies/subjectivities at the expense

of their lived experience” (p. 36). She argued that the knowledge developed within the body image literature provides one way of thinking about women’s bodies; that the positivist nature of body image research assumes the existence of body image disturbances and the measurability of body perception, emotions, and attitudes; and that this approach does not allow researchers to fully explore women’s experience of their bodies. Blood and other researchers (e.g., Avalos et al., 2005) have encouraged body researchers to engage in qualitative research (which reflects constructivist approaches to research) to explore the complexity of women’s body-related experiences within their social context. Constructivist paradigms, such as social constructionism, are an alternative to the traditional positivist approaches to research. Social constructionist research assumes the existence of multiple realities (as opposed to the positivist assumption of a single, fixed reality), and that knowledge is constructed within a social, relational, and historical context (Blood, 2005; Creswell, 2003; Lincoln & Guba, 2000). Researchers who take a social constructionist approach place emphasis on developing an understanding of individuals’ experience as they engage with the world around them (Crotty, 1998). The importance placed on the construction of knowledge within an individual’s social context is relevant to self-compassion research, because self-compassion comes from Eastern philosophy but is being studied in a Western context. It is important to acknowledge that self-compassion might be experienced differently in the context of Western society.

To my knowledge, qualitative research methods have yet to be used in self-compassion research. Self-compassion research is still in the early stages, and clarity surrounding the definition and meaning of self-compassion is still emerging. For example, in her introduction of self-compassion, Neff (2003a) defined self-compassion as a kind, understanding, and nonjudgmental attitude an individual extends toward him or herself in response to their imperfections, limitations, and failures. Neff did not

specifically explain what constitutes an imperfection, a limitation, or a failure, or who defines these terms. Neff and her colleagues made this important distinction in their 2005 article on self-compassion and coping with academic failure. In this article, Neff and colleagues examined undergraduate students' reactions to a perceived academic failure. The study focused on students who identified themselves as being dissatisfied with the grade they achieved on a midterm exam. Neff explained that it was not the actual grade but the students' perception of the grade as a failure that was important. In this article, Neff brought more clarity to the definition of self-compassion as she identified self-compassion as being an attitude individuals extend toward themselves in response to their *perceived* imperfections, limitations, and failures, indicating that the painful experiences that elicit self-compassion are defined by the individual experiencing self-compassion. Clarifications such as this are important in advancing our understanding of self-compassion and highlight the importance of conducting research to explore the meaning of self-compassion as it is experienced by individuals.

Qualitative research methods were deemed useful in coming to understand the meaning of self-compassion and how self-compassion could be applied to specific areas such as that of the body. As *body* self-compassion has not been introduced to the literature, it was important to explore the potential meaning of this construct. Qualitative research methodology, specifically phenomenology, lent itself well to this type of inquiry and, as it is consistent with social constructionist research approaches, complemented the existing body of literature. The purpose of phenomenology is to discover the lived experience, and meaning, of a phenomenon (Creswell, 1998; Hein & Austin, 2001; Laverly, 2003). A phenomenological approach was used in this study to explore the experience of body-related self-compassion in the lives of women who exercise.

### **1.3 STATEMENT OF THE PURPOSE**

The purpose of this study was to explore the experience of body self-compassion for young adult women who exercise and have experienced a change in their attitude toward their body over time. Empirical phenomenological research methodology (Giorgi, 1985; Giorgi & Giorgi, 2003) was used to discover the essential structure of body self-compassion as experienced by the women in the study. An understanding of the experience of body self-compassion will be valuable for researchers who study physical self-concept and women's health issues, and provides a starting point for others who wish to explore alternatives to the traditional notion of physical self-worth or body esteem. The findings of this study contribute to the self-compassion literature by exploring a more specific domain of the construct. The use of qualitative research methods, which have not been employed in self-compassion research to date, expands the conceptual understanding of self-compassion to include an understanding of how this construct is experienced in the lives of women who exercise.

## **CHAPTER 2**

### **2.1 METHODOLOGY**

A qualitative research approach was used in this study, as this type of inquiry facilitated the exploration of the meaning of body self-compassion in individuals' everyday experiences and is consistent with social constructionist research approaches. Creswell (1998) defined qualitative inquiry as a "process of understanding based on distinct methodological traditions of inquiry that explore a social or human problem. The researcher builds a complex, holistic picture, analyzes words, reports detailed views of informants, and conducts the study in a natural setting" (p. 15). This type of methodology allowed body self-compassion to be explored in a concrete manner that was based on the experiences of the participants.

In this chapter, I will describe the methodology used to gain insight into young women's experience of body self-compassion. First, I will describe empirical phenomenology, the tradition of inquiry that was deemed appropriate for the purpose of this study. Next, I will describe the participants that took part in this study. This will be followed by a description of the methods I used to generate the data that provided insight into the participants' experience of body self-compassion. Finally, I will describe the process I used to analyze the data.

### **2.1.1 Empirical Phenomenology**

The guiding qualitative tradition for this study was a specific type of phenomenology called empirical phenomenology. Phenomenology has its roots in philosophy and was originally developed by philosopher Edmund Husserl. Husserl conceived phenomenology as the study of human experience and meaning (Hein & Austin, 2001; Lavery, 2003). Husserl argued that in order to experience something, one must be conscious of it, and that this consciousness of experience could be studied systematically (Hein & Austin, 2001; Lavery, 2003). According to Husserl, a phenomenon could be broken down into structures or essences and the goal of phenomenology was to describe these structures (Hein & Austin, 2001). There are many variations of phenomenological methodology, as phenomenology has been influenced by different philosophers and different research disciplines (Cohen & Omery, 1994). Each type of phenomenological method, however, shares the general purpose of exploring the meaning and lived experience of a phenomenon (Creswell, 1998).

Amadeo Giorgi (1985) and his colleagues at Duquesne University have developed a phenomenological method called empirical phenomenology. Giorgi's goal was to develop a rigorous phenomenological research method that could be used by both experimental and clinical or counseling psychology students (Wertz, 2005). As empirical phenomenology was designed for use in both experimental and applied research settings in psychology, this method is also suitable for related research fields in psychology, such as exercise psychology.

The purpose of empirical phenomenology is to engage in a structural analysis of the participants' accounts of a phenomenon in order to determine the essential components of that experience (Giorgi, 1997; Giorgi & Giorgi, 2003; Hein & Austin, 2001). The researcher analyses descriptions of situations in which the participants



experience the phenomenon, relying on the participants' actual words as "factual data" (Hein & Austin, 2001, p. 8). The use of empirical phenomenological methodology lent itself well to my research question, as it provided a means to explore the essential components of body self-compassion through the analysis of several women exercisers' experiences of this phenomenon. The empirical phenomenological method, as conceptualized by Giorgi (1985, 1997), has three phases: phenomenological reduction, description, and a search for the essences.

#### *2.1.1.1 Phenomenological reduction*

The first phase is to engage in the phenomenological reduction. This has two requirements: the first requirement is that the researcher bracket previous knowledge about the phenomenon; the second requirement is that no existential claim is made for the description of the phenomenon. The first requirement, bracketing, is a process whereby the researcher identifies his or her assumptions about the phenomenon and attempts to set them aside so that they do not unduly influence the research (Morrow, 2005). To bracket previous knowledge about the phenomenon, the researcher must bracket both the "natural sciences" (scientific theory, hypotheses, and explanations) and the "natural attitude" (the researcher's unquestioned assumptions about the phenomenon). The researcher attempts to identify and set aside their previous knowledge and assumptions so that they might be fully present to the instance of the phenomenon described by the participant (Giorgi, 1997; Giorgi & Giorgi, 2003).

I attempted to bracket my knowledge by engaging in two activities. Writing the literature review chapter for my thesis allowed me to identify my prior knowledge about the phenomenon by describing the literature associated with self-compassion and other body-related attitudes. In order to bracket my unquestioned assumptions about the phenomenon I completed another writing exercise. In this exercise, I wrote about how I feel about myself and my body through the lens of self-esteem, and then I contrasted

this with how I feel about myself and my body through a self-compassionate lens. This allowed me to identify many of my assumptions about self-esteem and self-compassion, and I incorporated some of this exercise into my personal reflection in the introductory chapter. Also, in the last chapter of this thesis I include a reflection on my journey over the course of this project and identify the experiences that have shaped this study.

The second requirement of the phenomenological reduction is that no existential claim is made for the description of the phenomenon, or that “one makes no commitment to the existence of the given within the reduction” (Giorgi & Giorgi, 2003, p. 249). More specifically, the researcher must acknowledge that the experiences the participant describes are specific to that individual. The same experience might present itself in a different way to another participant. This was important in my study, as I had to acknowledge that my experiences were different from the participants’ experiences in order to be fully present to their descriptions of their self-compassion experiences.

#### *2.1.1.2 Description*

In the second phase, description, the researcher obtains a detailed description of an individual’s (or many individuals’) everyday experience of the phenomenon (Giorgi, 1997; Giorgi & Giorgi, 2003). In this study, this was done by means of individual interviews, which will be described in detail in the generating data section (see section 2.3.1).

#### *2.1.1.3 Search for the essences*

Giorgi’s phenomenological method focuses mainly on the processes of data analysis. At the core of this method is a process called free imaginative variation, whereby the researcher searches for the most invariant meanings of the phenomenon (Giorgi, 1997; Giorgi & Giorgi, 2003). These are the fundamental meanings that are

essential for the phenomenon to present itself as it is. In the process of free imaginative variation, one changes the parts of a phenomenon to see if the phenomenon still remains identifiable. In doing so, the researcher becomes aware of those features that cannot be removed or changed in order for the phenomenon to exist (Giorgi, 1997; Giorgi & Giorgi, 2003; Wertz, 2005). Giorgi and Giorgi (2003) demonstrated free imaginative variation using the example of a cup. One component of a cup is its colour. If I have a black cup, would varying its colour change its “cupness”? A green cup would be just as much a cup as a black one; therefore colour is not an essential component of a cup. What about material? If I have a ceramic cup, would varying its material change its “cupness”? A material such as glass or metal would not change its “cupness”, but a porous material such as a net would change the cup’s ability to hold liquid. Therefore, one would say that nonporous material is an essential component of a cup. This process continues using every possible relevant variable. As mentioned previously, free imaginative variation is an important part of Giorgi’s method of analysis. The complete analysis process will be described in detail in the data analysis section (see section 2.1.4).

### **2.1.2 Participants**

The aim of empirical phenomenology is to determine what the phenomenon means for individuals who have experienced the phenomenon and can provide a comprehensive, articulate description of it (Moustakas, 1994). This requires purposeful sampling, whereby participants are selected based on their ability to provide in-depth, relevant information that will help the researcher understand the research problem (Creswell, 1998, 2003; Morrow, 2005; Patton, 2002). In order to engage in purposeful sampling, I sought out participants who: (a) were women between the ages of 23-29

years, (b) identified themselves as exercisers, (c) felt that they had moved from being evaluative of their bodies to being more understanding and less judgmental toward their bodies, (d) were willing to describe two instances where they experienced a kind, understanding, and nonjudgmental attitude toward their bodies.

As previously stated, concerns about the body are particularly relevant to adolescent and college age women. In order to find women who were able to articulate their experience of body self-compassion and provide meaningful insight in this study, participants had to be beyond the age where body dissatisfaction would be most intense, as this increased the likelihood that they would be less evaluative of their bodies. I chose the age range criterion of 23-29 years because the women would be beyond the life stage (adolescence and early college years) where body dissatisfaction is more prevalent (Schwitzer, Bergholz, Dore, & Salimi, 1998; Stice & Whitenton, 2002).

As it was important that the women were able to articulate the experience of body self-compassion, it was essential that matters of the body be of some importance to them. For this reason, I recruited women who were exercisers. As mentioned previously, exercisers often place some type of importance on the body, be it appearance, health, or otherwise; therefore, the construct of body self-compassion was deemed to be relevant to exercisers. In order to be considered an exerciser, the women had to identify that they exercised at least four times a week, as recommended by Health Canada's Physical Activity Guide (Health Canada, 2003).

Neff (2003a) described self-compassion as an attitude individuals extend toward themselves in times of suffering or personal failure. This feature distinguishes self-compassion from self-esteem and other similar constructs. In order to understand the experience of body self-compassion, it was important to identify participants who had experienced concerns or negative feelings about their bodies and were able to extend compassion toward themselves in response to these concerns. Therefore, I chose the

third criterion (the women had to identify that they had moved from being evaluative of their bodies to being more understanding and less judgmental toward their bodies) in order to reflect the concept of self-compassion as being an attitude individuals extend toward themselves specifically in times of suffering or failure. Also, I anticipated that individuals who had experienced both critical and compassionate attitudes would be able to understand the differences between these two types of attitudes, which would enable them to articulate the experience of body self-compassion in a way that was meaningful and insightful.

The fourth criterion, a willingness to describe at least two instances where they experienced a kind, understanding, and nonjudgmental attitude toward their bodies, was also put in place to ensure that I captured the women's self-compassion experiences. The wording in this criterion was based on Neff's (2003a) definition of self-compassion and was used to ensure that the situations the women described would indeed reflect experiences of self-compassion.

When I designed this study, I intended to recruit a sample of 4-8 women, which falls in the typical range for phenomenological studies (Creswell, 1998; Patton, 2002). Smaller sample sizes allow for more time with each participant, which helps develop an in-depth understanding of the participants' experiences (Creswell, 1998; Patton, 2002). Wertz (2005) stated that the decision concerning the number of participants in a phenomenological study cannot be determined by a particular formula; instead it should be guided by deliberate reflection on the research question and research goals. Given that this was a Master's thesis study, and involved both individual interviews and a focus group discussion, a group of 4-8 participants was considered to be a manageable number for the size and scope of this project.

Initially, participants were to be recruited from the Physical Activity Complex at the University of Saskatchewan. After receiving ethical approval from the University of

Saskatchewan Behavioural Research Ethics Board (see Appendix A), I put up posters bearing a description of the study, the selection criteria, and the study contact information in the Physical Activity Complex. Individuals interested in participating were instructed to contact me by phone or email to set up a preliminary meeting. During this preliminary meeting, I explained the procedures of the study and the time commitment involved, answered questions about the study, and identified whether the women met the selection criteria (e.g., I briefly explained Neff's definition of self-compassion, and I asked the women if they were willing to describe at least two situations where they experienced kindness and understanding toward their bodies in an individual interview and focus group discussion). This meeting served as a screening interview as well as an opportunity to meet the women and build rapport.

Although it was my intention to recruit participants by means of posters posted in the Physical Activity Complex, only one of the women came to be in the study in this way. Three of the participants were women in my social network that expressed interest in the study and offered to participate. Another participant came to be in the study by way of snowball sampling, where one participant identified another whom she thought would be interested in participating in the study and would be a good participant (Patton, 2002). Although this method of sampling differed from my original plan, my social relationship to the women became an asset to the study. Marshall and Rossman (1999) stressed the importance of the researcher-participant relationship, stating that "the conduct of the study often depends exclusively on the relationships the researcher builds with participants" (p. 79). The importance of gaining the trust of the participants is emphasized in qualitative research, and because "confidence and trust emerge over time through complex interactions" (Marshall & Rossman, 1999, p. 85), it is recommended that researchers spend prolonged periods of time building relationships with the participants (Lincoln & Guba, 1985; Marshall & Rossman, 1999;

Patton, 2002). Given the relatively short time frame available to complete a Master's thesis, having participants in the study with whom I had previously built relationships was an asset as it enabled me to have stronger relationships with the women than time would have allowed for otherwise. Also, Rubin and Rubin (2005) argued that trust increases as individuals see that they share common background, and participants are usually more willing to talk to the researcher if they know the researcher because they realize that they are sharing their experiences with someone who "fit[s] into their social structure in a way that they can understand" (p. 92). Being an "insider" makes the researcher seem less threatening and participants will assume that the researcher is sympathetic and understands their experiences. Therefore, having women in my study with whom I had previously been acquainted made it easier to develop rapport, and allowed me to position myself as a colleague seeking their description of their experiences rather than an "expert" scientist. There are, however, some limitations to knowing the participants previously, as this increases the potential for the occurrence of power imbalances and coercion to participate. As mentioned previously, the women that I knew prior to the study offered to participate after hearing about my study during an everyday conversation (i.e., I did not specifically ask them to participate), which reduces the concern that they might have felt coerced to participate. Also, as I was aware of the potential for issues of power to arise in the participant-researcher relationship, I sought to reduce potential power imbalance in my actions as I conducted the study (e.g., explaining to the women that I was a colleague seeking their description of their experiences rather than an "expert" scientist; including a focus group discussion to encourage the women to provide feedback on the essential structures that emerged from my analysis).

Five women participated in this study. Two of the women were 23 years old, one was 24, one was 27, and another was 28. When asked to describe their ethnicity

and socio-economic status, each woman described her ethnicity as Caucasian and her socio-economic status as either middle- or upper-middle class. None of the women were married or had children; three of the women were in relationships (one woman was living with her fiancé) and one was single. All of the women were students in health-related programs at the University of Saskatchewan. Two women were undergraduate students and three were students in graduate and/or professional programs. The women's experience in health-related programs provided a unique perspective for this study, as the women's academic knowledge of their bodies provided a lens through which the women made meaning of their body experiences.

The women described themselves as exercisers, and fulfilled the criterion of exercising at least four times a week on average. The women engaged in a variety of types of exercise including exercising at the gym (using cardiovascular exercise machines, lifting weights, and participating in fitness classes), running, swimming, biking, and yoga. The women also participated in a variety of individual and team sports including marathon running, softball, wrestling, and basketball. In addition to describing the type of exercise in which they participate, the women were asked to describe their reasons for exercising. The women exercised to feel healthy and strong, for the psychological benefits such as increased energy and stress release, and for appearance reasons. The women described exercising because they enjoyed it, and they especially enjoyed how good they felt after a workout. A few of the women described feeling that something was missing when they did not exercise. Some of the women also cited social reasons for exercising. Clearly, the women exercised for many reasons, and exercise appeared to play an important part in the women's lives.

To ensure confidentiality, the women chose pseudonyms to be used instead of their names. The pseudonyms they chose were Amy, Connie, Jessica, Julia, and



Matilda, and the women were referred to as such in the transcripts and throughout this thesis.

### **2.1.3 Generating Data**

The study consisted of two phases: an interview phase and a focus group phase. In order to gain an in-depth description of the women's experiences of body self-compassion, the first phase involved conducting an interview with each woman. The purpose of the interview was to seek a concrete, detailed description of the phenomenon as it was experienced by the participant (Giorgi, 1997). A semi-structured interview (also called an interview guide approach) provided an appropriate interview format for this task. In a semi-structured interview, topics or questions are determined in advance, but the interviewer can alter the sequence and wording of the questions during the interview (Patton, 2002). This type of interview is appropriate for phenomenological research, as phenomenological interviews are intended to be very open in nature, with the discussion being tailored to the participant's description, rather than being led by the researcher (Lavery, 2003).

Phenomenological interviews typically begin with an open ended question or instruction (Wertz, 2005). My primary interview question was: "Please describe a situation when you experienced a kind, understanding, and nonjudgmental attitude toward your body". This descriptive task was intended to guide the participant's description while remaining open to the participant's specific thoughts and ideas. As these interviews were semi-structured, I also had a predetermined list of questions (e.g., "Can you tell me more about your reaction to this experience?", "Can you describe the circumstances around this situation?", or "How is this different from any negative feelings you may have felt toward your body in the past?") that I used as

prompts to address certain issues that the women did not discuss spontaneously (see individual interview guide in Appendix B). These predetermined questions were used to close any gaps in the women's description, while allowing the interview to remain conversational in nature (Patton, 2002). In addition to developing an interview guide, I prepared my interview skills by conducting practice interviews with colleagues who provided helpful feedback (see Appendix C for a more detailed description of my interview preparation process).

Fischer (2006) suggested that the best descriptions are produced when the participants have some time to think about the situations they are being asked to describe. Following this suggestion, at the end of my preliminary meeting with each of the participants (after I explained the study and they agreed to participate), I gave the participants a slip of paper bearing the main interview question and the date, time, and location of their individual interview. This ensured that the women had several days to think about the situations they would describe, and gave them a reminder of the type of situation I was looking for.

When the women arrived for their interviews, I began by revisiting the purpose of the study, the procedures involved, the possible risks and benefits of participating in the study, and issues of confidentiality. I also provided them the opportunity to ask any questions they might have had since our preliminary meeting. Once this was done and I received the women's informed consent to participate, we began the interview (see Appendix D for consent form). I began by briefly revisiting the purpose of the interview, emphasizing that I was seeking to gain insight into the women's body self-compassion stories, as they were the experts on their own experiences. As much of the body literature has been criticized for promoting gendered power relations between the researcher and participant, and subjecting women to the "masculine" gaze of an expert

scientist (Blood, 2005), it was important to me to emphasize my role as co-researcher or collaborator, not as an expert.

Following a few “ice-breaker” questions (e.g., I asked the women to describe what compassion meant to them and why they thought it was important), I briefly revisited Neff’s definition of self-compassion. I then asked each woman to describe in detail a time when she offered a kind, understanding, and nonjudgmental toward her body. I asked the women to begin by describing the circumstances that led to this situation and then asked them to describe the situation in detail, elaborating on their feelings about their body and their reaction to the situation. I also asked the women to explain how this situation affected their attitude toward their body. The women were asked to describe two situations to allow for an understanding of their experience across different situations.

The women appeared to be comfortable during the interview and were eager to share their stories. Most of the women indicated that they had spent a lot of time thinking about which stories they would discuss and many stated that they had spent some time discussing the study and their ideas with friends, family members, or significant other. Two of the women even showed up to the interview with notes they had made while thinking about their experiences, in order to make sure they did not forget any of the details during the interview. The women demonstrated a sincere interest in the topic and a desire to be as thorough as possible.

When the women finished describing their body self-compassion experiences, I checked to make sure that their stories were complete by asking if there was anything that I missed or that they did not have a chance to discuss. This question often led to some valuable descriptions of issues the women had forgotten to discuss or had not emerged in our conversation. Once the women had completed their descriptions of their body self-compassion experiences, I asked a few descriptive questions (e.g., age,

ethnicity, socio-economic status, reasons for exercising) so that I would be able to situate the sample by describing the social location of the participants (see section 2.1.2). At the end of the interview, I thanked the women for sharing their stories with me, and explained the procedures for the focus group session.

The interviews were audio tape recorded, and as the women spoke I recorded a few key words and thoughts as field notes. I did not take in-depth notes until after the participants had left, as this might have hindered the natural flow of conversation (Patton, 2002). The interviews lasted between 60 to 90 minutes. The women were given the opportunity to choose a location that was both convenient and comfortable for them, and had an appropriate noise level for tape recording. I had access to an interview room in a lab space at the university, and each of the women chose to do their interview in that room.

Upon completion of the individual interviews, I transcribed the interview data. Once I finished transcribing the interviews, I met with the women individually to member check the transcript; that is, to ensure that the transcript accurately reflected their description of their experience (Creswell, 2003; Merriam, 2002). The women were given a copy of the transcript, which I asked them to take home with them to read. I did this to give them an opportunity to read the transcript thoroughly and to ensure that they did not feel rushed while doing so. When the women had read their transcripts, they returned them to me and were given the opportunity to provide feedback about the accuracy of the transcript. Once they had done so, each woman signed a transcript release form (see Appendix E) giving me permission to include quotations from their transcripts in this thesis, and in future presentations or publications based on this research. None of the women chose to make alterations to their transcripts. When the member-checking process was complete I began the process of data analysis, which will be described in detail in the data analysis section (see section 2.1.4).

Five essential and facilitating structures emerged from my analysis of the data (these structures will be discussed in detail in the findings section of the following chapter). When I completed the data analysis, I met with the women in a focus group session to member check the essential and facilitating structures, and ask for their feedback about these structures. One of the women was unable to attend the focus group discussion; therefore I met with her individually after the focus group session to hear her feedback. The focus group session was audio taped and lasted about 90 minutes. This session was intended to generate discussion among the women so that we could collaborate to identify the essential structures that were present in their experience of body self-compassion. As with the individual interviews, it was important to approach the focus group session as a co-researcher or collaborator seeking the women's insight into the essential structures that emerged from their descriptions of their experiences. This session was also intended to complement the data generated in the individual interviews, as it was anticipated that additional insights might be generated as the women shared their thoughts with others.

At the beginning of the focus group session, I explained the purpose of the discussion and emphasized the importance of the women's feedback and their role as collaborators in this study. I encouraged them to provide both positive and negative feedback about the essential structures. I also discussed limits of confidentiality within focus group discussions. I made the women aware that I committed to keep the discussion confidential, but I could not guarantee that the other women would do so. The women were asked to respect the confidentiality of the discussion and were reminded of a statement to this regard that was included in the consent form that they signed at the beginning of the study. Finally, I asked the women to share a story of something fun or positive that had happened to them recently to break the ice and get the discussion started.

Following this preliminary discussion, I explained that in this study I was trying to find the structures that were essential to their experiences of body self-compassion. I presented the essential structures one at a time, explained what each essential structure meant, and gave general examples from their stories. I asked two main questions, (a) “Does this theme reflect the experiences you discussed in your interview?” and (b) “Was this theme necessary to your experience of body self-compassion” (also stated “If you removed this theme from your experience, would the experience still be the same”)? The focus group discussion was similar to the individual interviews in that it had a semi-structured format and predetermined questions or prompts (e.g., “In what ways is this similar to/different from your experience?” or “Would you modify the theme? If so, how?”) were developed to address any issues that are not covered in the discussion (see Appendix F for the focus group interview guide).

The women became quite involved in the discussion and provided helpful, honest feedback on the essential structures. They gave primarily positive feedback on each of the essential structures, and often illustrated these with examples from their stories. Although most of the feedback was positive, the women did not shy away from providing constructive criticism of the essential structures. One of the structures in particular generated considerable debate (this will be discussed in detail in the findings section of the following chapter), and the women were comfortable enough to disagree with me (and with each other) about whether this structure was actually essential to their experiences. This discussion proved to be quite valuable and led me to change the way this theme was presented in my thesis.

Once we had discussed each of the essential structures, I summarized our discussion of each of the essential structures and asked the women if they had any suggestions of structures I might have missed. None of the women had any

suggestions and they agreed that I had accurately represented their experiences in my analysis of their stories. One woman commented that it was interesting to see how the women's academic knowledge played into their body self-compassion experiences, which started a discussion about this topic. Again, this illustrated the women's genuine interest in the study and the topic at hand.

#### **2.1.4 Data Analysis**

The data analysis process began upon completion of each individual interview and was an ongoing process throughout the three phases described above. As mentioned previously, I used Giorgi's phenomenological method of data analysis. This was a four-step procedure that was repeated for each participant's description (Giorgi, 1997; Giorgi & Giorgi, 2003; Wertz, 2005).

##### *2.1.4.1 Read for a sense of the whole*

Upon gathering and transcribing the data, I read the entire description once to get a sense of the meaning of the description as a whole. As the phenomenological perspective is a holistic perspective, I could not begin to analyze the description without having a sense of where the description was going.

##### *2.1.4.2 Establishing meaning units*

The second step of data analysis was to re-read the text within the phenomenological reduction to identify spontaneous shifts in meaning with respect to the phenomenon. Each time I identified a shift in meaning, this spot was marked in the text. The text located within these shifts of meaning are called "meaning units". I continued the process until the whole description had been read.

The following is an example of the identification of meaning units from one woman's interview transcript (shifts in meaning are noted with a back slash):

And everybody's kind of come, they've taught me to just come to accept myself for who I am you know? Because when I was younger and we'd have these saunas and I'd be complaining about, I don't know..."I have cellulite on my ass" or "I wish I was ten pounds thinner" and you know? Especially because we're out there for ten days and you just eat and eat because it's Christmas time and stuff and...before that it used to really get me down and really bother me / but now it's just like, it's just my body and how I treat it is up to me. I don't wanna starve myself, I don't wanna do that. I'd rather be healthy. And that's what I really realized from my sisters and my cousin. / I guess more about health, and not just like physical health but mental health too...you know? (Matilda, IP3-4, L45-46,1-12)<sup>3</sup>

#### *2.1.4.3 Organization and expression of data*

Once I had identified the meaning units, I reflected on each meaning unit to discover what it revealed about the phenomenon of body self-compassion. I then used free imaginative variation to transform the women's everyday language into psychological meanings. Each meaning unit was varied, as described previously, to determine the components that were essential in order for these meaning units to exist. I then described the meaning units using language specific to this study. Table 1 provides an example of the transformation of the meaning units that were identified in the previous step. The left-hand box contains the direct quotes from the transcript and the right-hand box contains my transformation of the meaning units. By the end of this step, the women's descriptions of their experiences were expressed as invariant psychological meanings that reflected the nature of body self-compassion.

#### *2.1.4.4 Determination of the structure*

In the final step, I synthesized transformed meaning units into statements that expressed the structure of the women's experience of body self-compassion. Each of the previous steps was a finer, more specific analysis that built on the step before it. In this last step, I used free imaginative variation to determine the most invariant connected meanings that described the women's experiences of body self-compassion.

---

<sup>3</sup> Direct quotes from the participants' transcripts will be referred to in the following format: Participant name, page number (IP or FP), line number (L).  
IP = individual interview page number, FP = focus group page number



*Table 1. Transformation of Meaning Units*

Meaning Unit	Transformation
And everybody's kind of come, they've taught me to just come to accept myself for who I am you know? Because when I was younger and we'd have these saunas and I'd be complaining about, I don't know..."I have cellulite on my ass" (laughing) or "I wish I was ten pounds thinner" and you know? Especially because we're out there for ten days and you just eat and eat because it's Christmas time and stuff and...before that it used to really get me down and really bother me	Matilda states that she has learned from these women to accept herself. Matilda contrasts this with when she was younger and was much more critical of her body.
but now it's just like, it's just my body and how I treat it is up to me. I don't wanna starve myself, I don't wanna do that. I'd rather be healthy. And that's what I really realized from my sisters and my cousin.	Matilda expresses that she now takes ownership of her body and wants to treat her body in a way that is healthy.

This aggregate of invariant meanings became the general structure of the phenomenon. For example, the transformation of the last meaning unit in the previous step was synthesized into the essential structure called “taking ownership of one’s body”. This final step was performed to synthesize the invariant meanings of the women’s experiences into the essential structures that described the meaning of body self-compassion for the women in this study.

### **2.1.5 Establishing the Quality of the Research**

In qualitative research, the quality of the research is often judged by criteria such as trustworthiness or authenticity (Creswell, 1998; Lincoln & Guba, 1985). Giorgi (2002), however, discussed quality in phenomenological research in terms of the notion of validity, which he based on Husserlian philosophy. One of the requirements of the phenomenological reduction is that the researcher must acknowledge that the experiences the participant describes are specific to that individual. Because the researcher cannot live the experience of the participant, he or she must attempt to be fully present to the participant’s description of his or her experiences. Giorgi (2002) stated “...the solution...is not in the elimination or covering up of subjectivity...but rather a clarification of the conditions in which human subjects actually gain valid knowledge” (p. 17). Simply put, a faithful and detailed description of the conditions under which the data is obtained (i.e., description of the participants and their contexts) can contribute to the validity of the study.

In keeping with the notion of validity described by Giorgi (2002), the following procedures were implemented to ensure the quality of this research study:

#### 2.1.5.1 Positionality

Positionality refers to the process of accounting for the “social location” (p. 22) of the participants and researchers so that the knowledge produced in the study is framed in terms of this position (Lincoln, 1998). One component of positionality is *owning one’s perspective* (Elliott, Fischer, & Rennie, 1999), which involves clarifying the researcher’s theoretical orientation and personal biases so that the reader understands the researcher’s position and assumptions that might affect the study (Creswell, 1998). I have attempted to own my perspective by including my personal story in the introductory chapter and my personal reflection in the concluding chapter of this thesis to allow readers to understand my assumptions and biases. The bracketing exercises described previously also fulfill this purpose. I revisited these texts on several occasions, which encouraged reflexivity throughout the research process. Another component of positionality is *situating the sample* (Elliott et al., 1999). This component is essential to Giorgi’s (2002) notion of validity, as it involves describing the research participants and their life circumstances (Elliott et al., 1999) in an effort to allow the readers to understand the social location of the participants. This description was included in the participants section, and described elements such as the women’s age, ethnicity, socio-economic status, occupation, and reasons for exercising.

#### 2.1.5.2 Transferability

Transferability refers to whether the results have the potential to be transferred or applied to other settings (Thomas, Nelson, & Silverman, 2005). This criterion is quite important, as the purpose of this study is to determine the essential components of body self-compassion of women exercisers in the hopes that it might be useful for future research or practical application. Transferability is determined by evaluating the degree of similarity between the original context and the context to which the findings are to be applied. It was necessary, therefore, to situate the sample so that those who

wish to apply these findings can determine whether the transfer is possible (Lincoln & Guba, 1985). As mentioned in the discussion of positionality, the social location of the women was described in the participants section. The findings of this study may be transferred to other contexts that involve young adult women who exercise. However, transferability is most relevant to women who have similar characteristics to the women in my study, which would include women who identify themselves as university students, exercise at least four times a week, have experienced a change in their attitude toward their bodies, and who are Caucasian and of middle or upper-middle socioeconomic status, are not married and do not have children.

#### *2.1.5.3 Grounding in examples*

Examples of the data are used to illustrate the analysis and findings. These examples allow the reader to evaluate the fit between the data and the essential structures that emerge from the data (Elliott et al., 1999), thereby contributing to the validity of the study.

The following procedures are not specific to Giorgi's (2002) notion of validity, but are often used in qualitative research to verify the quality of a study. These procedures, therefore, will provide additional verification of the quality of the study.

#### *2.1.5.4 Negative case analysis*

A researcher engages in negative case analysis by seeking disconfirming examples of the phenomenon and comparing them with confirming examples in order to refine the findings (Creswell, 1998; Lincoln & Guba, 1985; Morrow, 2005). The process of free imaginative variation was a form of negative case analysis, as the process of varying the phenomenon produces disconfirming instances of the phenomenon. Negative case analysis, therefore, was an inherent feature of the data analysis process in this study. The focus group discussion also provided the opportunity for negative case analysis, as the women were invited to provide feedback

on the essential structures that emerged from the analysis. In doing so, the women described examples of how the structures that emerged were or were not essential to their experience of body self-compassion.

#### *2.1.5.5 Member checks*

Member checking involves taking the data and interpretations back to the participants to seek their input on the accuracy of the findings (Creswell, 1998, 2003; Merriam, 2002). Member checking was built into the design of this study and was the primary purpose of the focus group session described previously.

#### *2.1.5.6 Peer review/debriefing*

The role of a peer debriefer is to enhance the credibility of the findings. A peer debriefer challenges the researcher by providing feedback and asking questions about the method and interpretations (Creswell, 1998; Lincoln & Guba, 1985). This is especially helpful for the phenomenological reduction process, where colleagues may challenge assumptions about the phenomenon. My research supervisor and lab colleagues were my peer debriefers in this process. The women in the study also acted as peer debriefers in the focus group session, as they provided feedback on the essential structures that emerged in my analysis.

## CHAPTER 3

### 3.1 FINDINGS

The purpose of this study was to explore the experience of body self-compassion for young adult women who exercise and have experienced a change in their attitude toward their body over time. The women in this study were between the ages of 23 and 28, identified themselves as Caucasian and middle-class, were university students, and indicated that they exercised at least four times a week. Empirical phenomenological methods (Giorgi, 1985; Giorgi & Giorgi, 2003) were used to analyze the women's descriptions of situations where they experienced body self-compassion. The purpose of the empirical phenomenological method is to identify the essential structure of a given phenomenon; that is, the features that cannot be removed or changed in order for the phenomenon to exist (Giorgi, 1997; Giorgi & Giorgi, 2003; Wertz, 2005). The specific purpose of this study, therefore, was to discover the essential structure of body self-compassion as experienced by the women in the study. Four essential structures emerged from the women's descriptions of their body self-compassion experiences: appreciating one's unique body, taking ownership of one's body, engaging in less social comparison, and self-compassion as a dynamic process.

A fifth structure, the importance of others, emerged as well. It was unclear, however, whether this structure was actually *essential* to the women's body self-compassion experiences. I discussed this issue with the women during the focus group session and they agreed that the presence of others *facilitated* their body self-

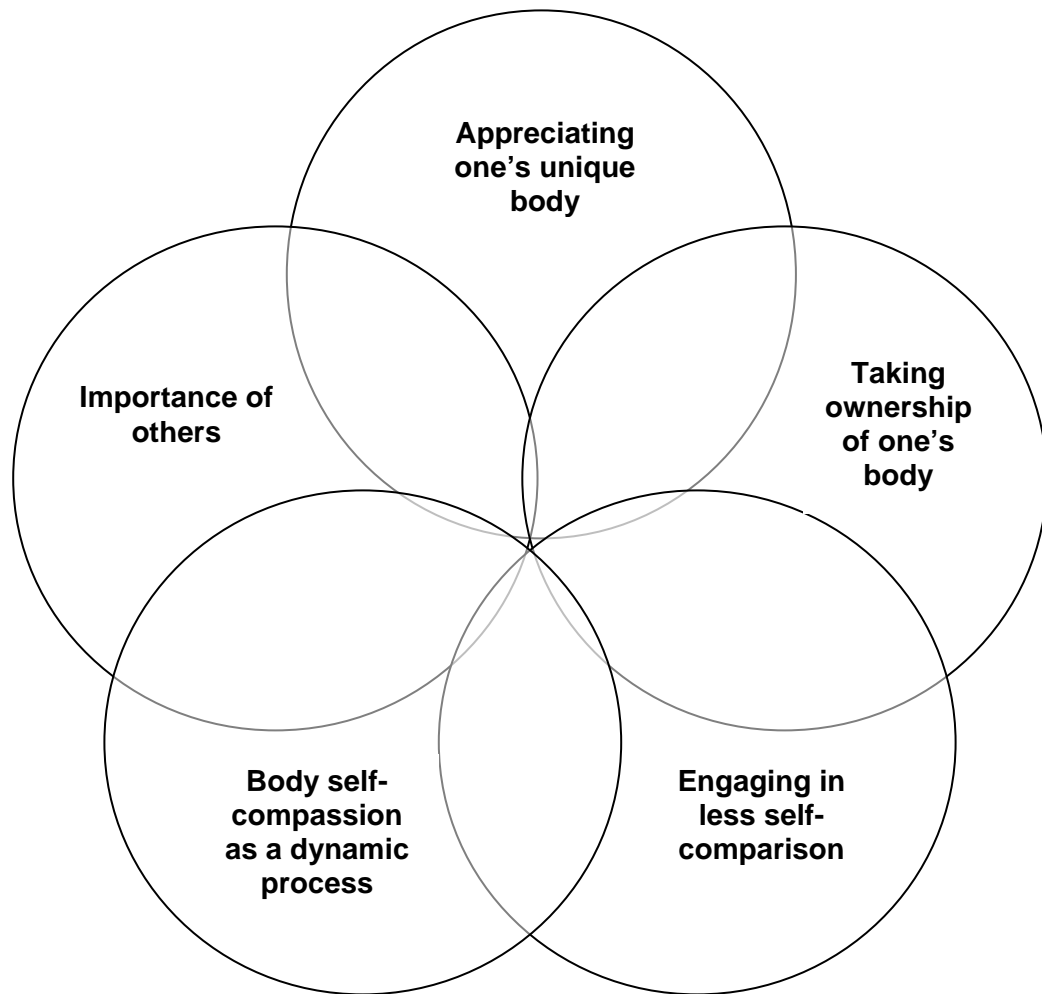
compassion experience, but was not necessarily essential to their experience. This discussion did, however, shed light on the significance of others as facilitators of the women's body self-compassion experiences. The women decided it would be appropriate to include this theme in the findings of the study as a facilitating, rather than essential, structure. For the remainder of this thesis, I will refer to four essential structures (appreciating one's unique body, taking ownership of one's body, engaging in less social comparison, and body self-compassion as a dynamic process) and one facilitating structure (importance of others). The essential and facilitating structures are represented in figure 1.

### **3.1.1 Appreciating One's Unique Body**

*"I realize now that every body type, everyone has their special shapes and I have mine and as long as I'm being active and keeping healthy then I feel good about it" (Jessica, IP4, L24-27).*

An important feature of the women's descriptions of their body self-compassion experiences was that they developed an appreciation of their body as being unique. This appreciation allowed the women to assume a compassionate attitude toward their bodies in situations where they might otherwise be critical of themselves. This essential structure emerged from the women's stories in three different ways: appreciating one's unique beauty and unique body type, appreciating and respecting the body's limitations, and appreciating the body's capabilities.

For some of the women, an appreciation of their body as being unique emerged as they learned to appreciate their unique beauty and unique body type. In the descriptions of their body self-compassion experiences, the women focused on the notion of multiple perspectives of beauty, rather than one standard of beauty. Several



*Figure 1. Body Self-Compassion Essential and Facilitating Structures*



women observed that the important women in their lives were all very different and were all quite beautiful. “We’re just sitting in our sauna talking and I realize that it’s okay, that we’re all different shapes and sizes but we’re all beautiful” (Matilda, IP3, L42-45).

This appreciation of uniqueness was often directed specifically toward the women’s body types. Jessica gained an appreciation for her unique body type when she trained to run a marathon. She began her training expecting that marathon runners were primarily people with the stereotypical thin, lean runner’s build, a body type she felt she did not have. Jessica quickly discovered that people with many different body types participate in marathon running. “I just thought it was so amazing that there were people of all shapes and sizes and of all ages and everyone can do it” (Jessica, IP6, L44-46). Jessica’s realization that people of many different body types could succeed in marathon running helped her appreciate her own unique body type.

Amy explained that observing the variety body types of women she respected helped foster her sense of body self-compassion. “I looked around me and I saw role models that were different body types but, you know, [were] athletes and strong and interesting and whatever else too. And so that was something that increased my confidence” (Amy, IP3, 26-29). Observing the unique bodies of these successful women helped Amy develop her appreciation for her own unique body. A similar process occurred for Connie when she experienced some anxiety about wearing a bathing suit at a hot tub party. Connie was amazed when she later saw women at the party who were bigger than her but who carried themselves with confidence while wearing bathing suits. This experience reinforced the notion of multiple perspectives of beauty, and helped Connie foster an appreciation for her unique body. The process of developing an appreciation for multiple perspectives of beauty enhanced the women’s appreciation for their own unique beauty and body type.

The women's experience of their bodies focused not only on their body's appearance, but on the functional aspect of their body as well. Many of the women gained a sense of body self-compassion as they developed an appreciation of their body's capabilities. The women described feeling strong and powerful when they exercised, which created feelings of empowerment. "Now I just go in [to the weight room] and I'm like 'I'm awesome! Look at how much I can lift!'" (Matilda, IP12, L34-35).

For some women, the process of setting and accomplishing challenging goals instilled in them an appreciation for their body. Jessica described the experience of running a marathon for which she had been training for several months.

Towards the end I was in so much pain that I just had a new appreciation for what my body can do and how amazing it is...and the fact that just knowing, I knew inside that I could do it no matter what...You have a new appreciation for what your body can do for you when you need it to, or want it to. (Jessica, IP7, L1-11)

In this case, reaching her goal of running a marathon provided Jessica with a tremendous appreciation of her body's capabilities. When she considered what her body was capable of, this appreciation appeared to trump any body dissatisfaction that she might have experienced. Jessica's appreciation for her body's capabilities was amplified when she encountered a man who was competing in the marathon in a wheelchair.

When you look at it in perspective like that it makes you realize "Wow, the body that I have is great"...I'm running this on my two feet but the guy beside me doesn't have the use of his two feet. Yes, I have bigger legs, but I love my bigger legs. (Jessica, IP8, L18-26)

Many of the women experienced a similar appreciation for their body's capabilities, which often developed in conjunction with a sense of gratitude for their health.

While the women expressed their appreciation for their bodies' capabilities, they also described experiences where they dealt with their body's limitations. The women's exercise experiences often presented the opportunity to learn about their body's

limitations. Many of the women went through a process of discovering their body's limitations and then finding ways to respect these limitations.

Some of the women used physical activity as an opportunity to actively explore their body's limits. Amy was attracted to yoga for this reason. "I always liked the idea that like it's all within yourself, you only take yourself to your limits and only listen to your body" (Amy, IP13, L11-13). With this exploration of the body's limitations came a process whereby the women learned to respect these limitations as well. "It's nice to be in a darker room with...dim lighting, to just focus inward and feel what is going on in my body and just respect what's not" (Julia, IP3, L42-45). Julia described a situation where she practiced yoga when she was feeling a great deal of physical discomfort. She extended a gentle attitude toward herself and accepted her body's limitations at that time. "I just sort of honored my body where I was at and I partook in the class not nearly as vigorously as I normally would, but allowing myself to be gentle in the poses and things like that" (Julia, IP3, L23-26).

While some women were actively exploring their body's limitations, others described times where they were unwillingly confronted by their body's limitations when they became injured. Connie and Julia described situations where they were faced with the decision of whether to continue to push their injured bodies or to take a break in order to allow themselves time to heal. In both cases, the women struggled with this decision and were unwilling to respect their body's limitations at first. Eventually, both Connie and Julia chose to respect their body's limitations in order to avoid further injury. "I just found myself pushing myself to play and then finally I said 'Enough. I have to quit this or else I'm going to seriously hurt my wrist and I'm never going to be able to play ball again'" (Connie, IP7, L32-35). In retrospect, both women were happy with the consequences of the decision to respect their body's limitations and found that they benefited from that experience. "That was a really good lesson for me, just learning

how to listen to my body and be mindful of what's happening and not to overdo it" (Julia, IP8, L32-34). Through the process of discovering their body's limitations and learning to respect these limitations, the women developed their ability to extend a compassionate attitude toward their bodies.

As the women developed an appreciation of their beauty and body type, and their body's capabilities and limitations, they began to appreciate their body's unique integration of appearance and function. Developing an appreciation of their bodies as being unique encouraged the women to value and respect their bodies. This was essential to the women's experience of body self-compassion as their appreciation of their unique bodies allowed the women to be kind and understanding toward themselves in situations where they might otherwise be critical or judgmental.

### **3.1.2 Taking Ownership of One's Body**

*The shift was more just taking ownership and being motivated I guess. Taking on that responsibility of having that power to change a) how I think about my body and b) what I do with my body. So, I can sit here and think about not liking my body and me not doing anything with it or I can decide to actually like it and use it in a way that is gonna make me feel better. (Julia, IP4, L31-37)*

In each woman's description of their body self-compassion experiences, a desire to take ownership of their bodies emerged. Each woman expressed a very deliberate wish to be healthy and to take care of her body. Taking a compassionate stance toward their bodies required that the women take initiative to ensure that their attitudes and actions reflected their desire to be healthy. For some of the women taking ownership of their body was a deliberate endeavor, for others it was a process that occurred unintentionally. From the analysis of the women's descriptions, the process of taking ownership of one's body emerged as having two components:

developing an understanding of one's body and taking responsibility for one's physical and psychological well-being.

The first component of taking ownership of one's body was developing an understanding of one's body. For the women, an important part of developing body self-compassion involved learning about their bodies and developing their knowledge of their bodies' structure and function. On some occasions, this occurred inadvertently through the women's experiences with physical activity. Amy, for example, found that her participation in yoga allowed her to become better acquainted with her body.

I was doing yoga and discovering that part about how my body moved...Yoga isn't inherently sexual or anything, but it's sensual in that you discover your body kind of from the inside out and I know how it moves in all of its ways and stuff and so that was kind of interesting.  
(Amy, IP12-13, 41-46,1)

As another example, Julia stumbled upon a learning opportunity when she incurred a running injury. When Julia was forced to stop running because of her injury, she decided she needed to find alternative ways to maintain a healthy lifestyle. As she explored her options, Julia discovered that her formula for being healthy, which was previously defined by how often she ran, might have been somewhat limited.

I've just realized that to be fit encompasses so many things including eating well and just putting good things in your body and having a positive attitude and stuff so...it sounds kind of cliché but it doesn't just revolve around exercise. (Julia, IP10, L32-36)

Julia's experience of dealing with her running injury changed her approach to health and physical fitness, which enhanced her understanding of her body.

While some of the women's experiences of learning about their bodies occurred inadvertently, in other cases the women took an active role in developing their understanding of their bodies. Amy, for example, sought opportunities to learn about her body so that she could make informed decisions about her health.

Young men often don't go to the doctor but young women are forced to because we've got, you know, stuff to deal with, like yearly pap

and...birth control and all the rest. But I really felt that I wanted to take ownership of that, not just go and be prescribed something and take it or whatever. I wanted to know what was going on and what that was doing to me and how that all worked. (Amy, IP11, L19-25)

A similar, proactive attitude toward developing their knowledge of their bodies was demonstrated by each woman in the study, as all of the women were students in health-related fields. This proactive attitude was highlighted in the interviews as the women often made references to knowledge they had gained in school. For example, Connie drew on her knowledge from school to assess a softball injury she incurred. Her assessment of the severity of the injury had a significant impact on her subsequent decision to pull herself out of an important softball tournament. In the focus group session, the women discussed the importance of taking the knowledge they gained through their studies and applying it to themselves to develop their own, personal understanding of their bodies.

I think knowledge is really cool and it's the knowledge combined with making that personal and making that introspective too because it could be all out there but you can apply it to yourself. It's that interaction that can be powerful. (Amy, FP12, L15-29)

The women agreed that the process of developing their understanding of their bodies contributed greatly to their sense of body self-compassion, as this understanding equipped them to make decisions that reflected their desire to take care of their bodies.

As the women gained an understanding of their bodies, they developed a sense of competence with respect to their bodies. This sense of competence often stemmed from the women's physical activity experiences. As they participated in physical activity, the women saw themselves becoming increasingly strong, fit, and healthy, which instilled in them feelings of accomplishment and mastery related to the body.

I guess it was the first time that I really felt like I could be strong and powerful and good and...it felt good and I felt confident and I felt like it brought out another side of my identity and who I was and what I was all about. (Amy, IP3, L11-16)

This sense of competence contributed to the women's body self-compassion as the feelings of competence directed the women's focus toward the tangible rewards of their efforts to treat their body well. The women's sense of competence was particularly evident when they described the improvements they experienced in terms of their body's performance.

I'm noticing with running cuz I'm a lot stronger and I'm like "wow this is a little bit easier now", you know?...And I just think "well if I just keep training it's just gonna get that much better and I'll be able to run that much further and that much faster"...[it's] such a good feeling. (Matilda, IP13, L33-41)

Witnessing improvements such as these reinforced the women's sense of competence because they were experiencing the benefits of the steps they had taken to improve their health. It is important to note that this sense of competence stemmed from the women's appraisal of their health, as opposed to being contingent on their weight or appearance.

I think it came down to the more training I put my body through the more fit I was becoming. I was just becoming healthy...and I was losing a little bit of weight but by the end that didn't even become important. I just felt better. (Jessica, IP5, L23-27)

The second component of taking ownership of one's body was the process of taking responsibility for one's physical and psychological well-being, which was characterized by the women's conscious decision to take care of themselves so that they could be physically and psychologically healthy. This was important to the women's sense of body self-compassion because it reflected their desire for their own well-being, and their willingness to take steps to ensure they were taking care of their bodies. Underlying the women's stories was the recognition of the connection between mind and body and the relationship between physical and psychological well-being. "It's all related because... if you're not feeling good about one aspect of your life it totally affects how you're feeling. If I'm having a fat day, then I'm having a stupid day

too, you know?” (Matilda, IP4, L42-46). As the women recognized the mind-body relationship, they recognized the importance of listening to their bodies. “I really feel like my body gives me really strong signals about what I need and what I want; and I’ve gotten way better at listening to that because I respect that relationship.” (Amy, IP8, L21-24). The recognition of the mind-body connection and willingness to listen to their bodies formed a foundation upon which the women could make decisions about their physical and psychological well-being.

The women’s process of taking responsibility for their well-being often began by recognizing their unhealthy behaviours. Matilda described how her discussions with women in her family made her realize that she was engaging in unhealthy behaviour in response to her body-related anxiety.

[My cousin] kinda taught me that, you know?...That it’s your body and it’s your body for the rest of your life. And so you have to accept it and stop starving yourself and stop stressing out about putting on five pounds. (Matilda, IP5, L38-41)

Connie recognized that she had gained weight and that this was affecting her participation in activities she enjoyed.

I just did not feel well. I couldn’t walk a flight of stairs without getting winded. I hadn’t played any sports and I was just starting to get into sports and I started playing slow pitch and I couldn’t hit the ball, I couldn’t throw the ball, I couldn’t run the bases very well. And I wanted to improve on that because I really enjoyed the game. (Connie, IP3, 34-39)

In situations such as these, the women’s recognition of their unhealthy behaviours led them to accept responsibility for their well-being and take action to change these behaviours.

An important component of taking responsibility for their well-being was the women’s recognition that their well-being was determined by the decisions they made. In cases where the women recognized that they needed to change their behaviour or their attitude toward their body, there came a point where each woman recognized that



*she* was responsible for making the necessary changes. For Jessica, the need to take responsibility for her well-being became evident when she realized that she was responsible for perpetuating a cycle of self-criticism.

I was tired of being so critical of myself. And I was tired of complaining but not doing anything about it...I was tired of feeling sorry for myself. I was giving myself an excuse, it was okay to feel so crappy toward my body all the time when I just had to take action and do something about it instead of just sitting there and complaining. I just got sick of it!  
(Jessica, IP13, L11-24)

Many of the women found physical activity to be an effective vehicle for maintaining their well-being. For these women, choosing to be physically active was an important way to take ownership of their bodies and was an important factor in their physical and psychological well-being.

Whenever I'm feeling bad about my body I'll go for a run or I'll go lift weights and it's just that reassurance of ...feeling good about it because even if it's a bad run - even when I'm like 'oh god I was sucking wind today' - at least I did it and I got out and I used my body and...I kinda...get through those bad days. (Matilda, IP13-14, L42-45,1-2)

Being physically active was a choice of behaviour, which highlights the women's sense of agency in making decisions that affect their well-being and their desire to choose to engage in health-promoting behaviours.

The process of taking ownership of one's body, which was achieved by developing an understanding of one's body and taking responsibility for one's physical and psychological well-being, was essential to the women's body self-compassion as it reflected the women's desire for their physical and psychological well-being. The women's proactive attitude in this regard reinforced their sense of ownership and their compassionate attitude toward their bodies.

### 3.1.3 Engaging in Less Social Comparison

*I spent a lot of time evaluating myself with all the people around me. And I had some friends who were just that naturally thin type and they just have body types that I will never ever achieve, it will not be healthy for me to achieve. And I spent my time comparing my body type with theirs and feeling bad about it. I still find myself doing it every so often, but not to the extent that I was. (Connie, IP4, L16-23)*

A key feature in the women's body self-compassion experiences was that as they experienced more body-related self-compassion, they engaged in less social comparison. An important element of this experience was that each woman rejected the notion of the "ideal" body in some way. The women recognized that Western popular culture dictates that the ideal woman's body is thin and lean. They realized, however, that this ideal body type is not a realistic standard for most women to achieve. "I think it's really important...especially with the way western society is today, you know? It's just leaning towards the ideal body type, you must be thin to be beautiful. But I don't think that's right at all" (Jessica, IP1, L27-30). Not only did the women recognize that this ideal body is not a realistic standard for most women, they also specifically rejected this ideal as being a standard for themselves.

*I'd read something in Cosmo that didn't fit and I could be like 'That's shit!' you know? And like, 'I reject that'. No, that's not how it is and that's not how it should be and that's not how it needs to be. (Amy, IP11, 29-33)*

By rejecting this notion of the ideal body, the women allowed themselves to develop a positive attitude toward their bodies that was not contingent on whether they measured up to society's unrealistic standards.

In addition to engaging in less social comparison in reference to Western society's ideal body type, the women engaged in less social comparison with respect to other women around them as well. Many of the women recognized that comparing

themselves to others was a futile activity that contributed negatively to their self-concept, and therefore made deliberate attempts to avoid doing so.

I wasn't comparing myself anymore. Or wasn't comparing myself as much as maybe I had before because I didn't look like everyone else or didn't fit into that, you know, reading YM magazines and all the rest in those grade seven, eight, nine years. (Amy, IP3-4, L46,1-4)

Even though some women did not specifically attempt to engage in less social comparison, this process appeared to occur naturally. As the women assumed a more compassionate attitude toward their bodies, the notion of comparing themselves to others became less and less relevant to their self-concept as they did not feel the need to measure up to others in order to feel good about themselves. "My sisters and I look nothing alike and that's okay and I look at their bodies and it's okay. Nobody's better looking or prettier than the other person or is better because they can wear a smaller pant size" (Matilda, IP4, L30-33).

As the women compared themselves less to society's standards and to the other women around them, they began to focus on the self as their point of reference instead of looking outward to determine their attitude toward their bodies. The women often talked about making decisions that fit *for them*, recognizing that what was right for them might be different than what was right for other women, thereby acknowledging that each woman is unique. By focusing on themselves, the women put less stock in the standards or expectations of others.

I've really started to let myself off the hook and not feel like I have to compare myself to anything, to other people. And every aspect of my life, like "Oh I'm not as smart as them, I'm not as pretty as them, I'm not as skinny as them" all those things, I've come to realize that it's not about them. It is about me and it's about, as long as I can go home at the end of the day and be happy with what I've done and feel like I've done everything that I can do. And so if I do get upset about something it's not because I'm not as good as another person, it's because I'm not as good as me. (Matilda, FP5, L29-39)

As the women began to compare themselves to others less and began to focus on the self as their point of reference, they found they were using the energy they previously spent comparing themselves to others on more self-affirming thoughts. Engaging in less social comparison, therefore, was quite important to the women's experience of body self-compassion.

### **3.1.4 Body Self-Compassion as a Dynamic Process**

*It's not something you can get to and then take for granted, like "I got there!" and that's it. You're always working at it and you're always, you know, different challenges come along and different things come along to challenge that. (Amy, FP10, L1-5)*

In the women's stories, body self-compassion emerged as a dynamic process. Each of the women's stories developed over a period of time, rather than being focused on one distinct moment. For example, Matilda explained how a series of conversations over several years with women in her family helped her develop body self-compassion. Amy described her experience on her high school wrestling team, which also took place over several years. Connie discussed how a series of injuries taught her to take time out from her sport to allow her body to heal. As these examples indicate, the women's body self-compassion developed over time as they negotiated their way through several different experiences.

In the focus group discussion, the women discussed how their body self-compassion developed as they became more mature. In general, the women remembered feeling less comfortable with their bodies when they were younger.

*I didn't have really negative stuff but I just didn't really feel like my body added anything to who I was or was that pillar that everything else comes from. I was squirming around inside and not really knowing who I was or where I was going. (Amy, IP6, L9-14)*

As the women matured, they naturally developed a more understanding attitude toward themselves. Julia noted that the transition to adulthood is a time when women might become more self-compassionate.

I was actually thinking about the maturity thing because it seems that, especially from adolescence to adulthood, there is that transition of stopping being concerned about others as much and then just focusing on comparing just to yourself and not so much to external things. (Julia, FP12-13, L44-46,1-2)

Matilda noticed that she became more accepting of her body as she entered her mid-twenties. “I don’t know if something just twitched in my brain when I turned 23 but it’s like I’m not so critical of myself...I’ve just come to accept myself and my body for what it is” (Matilda, IP3, L10-14). Matilda contrasts this attitude of self-acceptance with a more critical attitude she experienced when she was younger.

When I was younger I was very critical of my body. And I don’t know where it came from, but I just remember from a really young age, being in grade 2 or something like that. In high school it was really bad, but I was really athletic and wasn’t fat. Now that I look back and I’m like, what was wrong with me? Why do girls think that? Why do you think that you’re this fat girl when you’re not? (Matilda, IP8, L31-38)

Jessica described a similar transition, which involved changing her standards for herself. When Jessica was younger, she was involved in figure skating and based her expectations of her body on the standards that were upheld in her sport. “In figure skating it’s a norm that you must be petite to be able to do the jumps or whatever. And I had just grown up being that way so I guess I accepted that as being normal” (Jessica, IP3, L31-35). Several years later, when Jessica was training to run a marathon, she allowed herself to change these expectations to be more accepting of her body.

Maybe before it started I had an unrealistic expectation. I thought “okay running a marathon will be the cure-all, it will bring me back to that lean body type that I once had and that I want again”. And then I realized that I didn’t have that drastic change. I began to appreciate that “wow this is how my body is now”. (Jessica, IP4, L16-21)

These examples illustrate how the women's body self-compassion developed as they matured.

While the women felt that their body self-compassion developed over time, they did not, however, describe body self-compassion as being something that they "achieved". As Amy stated previously, "It's not something you can get to and then take for granted, like 'I got there!' and that's it" (Amy, FP10, L1-2). While the women felt that they had grown to be more compassionate toward their bodies, they indicated that their body self-compassion was still developing. Connie acknowledged that although she is more self-compassionate now, she still occasionally compares herself to others. "I spent my time comparing my body type with theirs and feeling bad about it. I still find myself doing it every so often, but not to the extent that I was" (Connie, IP4, L20-23). Jessica has become much more compassionate toward her body, but she identified that she still has areas of her life where her body self-compassion could be developed further, especially in situations where she does not exercise.

When I don't [exercise] it's a slippery slope. I don't go one day because I'm busy and then the next day, it's totally psychological because it's not like much can change about your body in the matter of two days. But two or three days not going to the gym and I'm very negative towards my body and being like "Oh, I feel fat today. I feel gross. Oh, I look like I'm definitely getting bigger". (Jessica, IP12, L7-14)

While Amy feels that her body self-compassion has increased over time, she acknowledges that her sense of self-compassion has never been seriously threatened.

I've never had an encounter with sexual abuse or molestation or a bad sexual experience even were you were betrayed, so I feel like I come from it with this really nice, cushy background and that was a big piece of it. And haven't really been hurt in that regard that's made me turn inwards or be more protective of my body. (Amy, IP12, 3-8)

Amy's comments illustrate that her body self-compassion is not something she takes for granted; and each of these women's examples shows that they have not simply "arrived" at a fully developed state of body self-compassion. The women's sense of

body self-compassion was, and continues to be, a work in progress. This suggests that body self-compassion is an ongoing process.

Body self-compassion emerged specifically as a *dynamic* process, meaning that the women's body self-compassion was continually evolving, rather than being static. In the interviews and focus group discussion, the women acknowledged that their sense of body self-compassion was not always consistent. Some of the women described their sense of body self-compassion as being fairly constant with occasional changes.

I almost think for me it's like, a fairly steady level of self-compassion but then day to day, hourly, it sort of goes above and below that mean... I'd say it's fairly constant and then there's little dips down and then dips up.  
(Julia, FP11, L4-15)

Other women felt that their body self-compassion fluctuated monthly, weekly, daily, and even throughout the course of a day. In the focus group discussion, Amy described her body self-compassion as being step-like where, in spite of high points and low points throughout the year, she became more self-compassionate with each year that went by. "Every year I feel like I get at a better place for all the ups and downs of the year. That's really neat, that's something that I think says you're growing older well" (Amy, FP11, L20-22). Matilda described her body self-compassion as being wave-like, as she goes through times where she experiences lower levels self-compassion and times where she experiences a great deal of self-compassion.

I seem to go where it'll be for a month or two where I'm just like "I suck". And then something will happen, I don't even know what, but then it will go back up to a steady state for awhile. I do find some big waves in my life. I'm not at that pretty steady point yet. I'm still kind of all over the place. I'm still getting used to this whole self-compassion thing.  
(Matilda, FP11, L29-35)

Although each woman identified herself as having a compassionate attitude toward her body, these differences in the women's experiences of body self-compassion highlight the dynamic nature of this process.

### 3.1.5 Importance of Others

*I don't know if I would have come as far as I've come with my feelings for myself if it wasn't for all the people in my life. If it wasn't for my older sisters and my mother and my aunt and my friends, I don't know if I'd be there yet. I hope that I would be there eventually, like maybe one day I would get to that point but I definitely don't think that I would be there right now without them. (Matilda, FP8, L24-30)*

The final structure that emerged in this study was the importance of others.

Although this structure emerged, it was unclear whether the presence of others was actually *essential* to the women's experiences of body self-compassion. During the focus group discussion, I put forth the question of whether the presence of others was essential to the women's experiences. Some women felt that the presence of others was extremely important to their body self-compassion experiences.

I think part of how people see their bodies and see themselves is not just like, I'm sitting around in my head in this closed little box and then I come to this realization about myself, but rather we get to know ourselves and we learn more about ourselves and we see our bodies and ourselves through other people and reflected in media or reflected in how other people treat us or reflected in how we think other people are perceiving us, whether that's reality or not. (Amy, IP10, L15-23)

Others felt that body self-compassion was a more internal experience and that others were not essential to that experience.

If you removed others you could still have your experience of self-compassion because...I think it's a really internal experience. Everyone around you could think that what you do is fantastic, but if you don't feel that yourself it's not going to make any difference. So...I do think it's kind of a personal experience that is facilitated by others, but it really is your own thing. (Julia, FP8, L7-14)

After some discussion, the women agreed that the presence of others was not necessarily essential to their experiences of body self-compassion, but was definitely a facilitator or catalyst in those experiences, and supported the idea of including this structure in the findings of the study. Although the importance of others did not emerge



as an essential structure, I have chosen to include it in the findings of this study because of its significant role as a facilitator of the experience of body self-compassion.

The importance of others emerged as a theme as the women's stories highlighted the idea that body self-compassion was developed in interaction with others. Each of the women's stories involved others in some way, usually in terms of others as role models or others providing social support.

Social support was a common thread that ran through many of the women's stories. The women developed body self-compassion in situations where they were surrounded by others who provided support, encouragement, and acceptance. Connie described a situation where she attended a hot tub party and felt quite anxious about appearing in a bathing suit in front of others. As Connie was sitting in the hot tub, another woman began complaining that she felt uncomfortable in her bathing suit and other women joined in, expressing similar insecurities. Connie described a sense of relief knowing that others felt the same way she did. "They were all complaining and at first I was like 'Oh thank goodness, somebody else feels the same way'" (Connie, IP2, L31-32). The sense of support that Connie felt, knowing that she was not alone in her anxiety about being seen in a bathing suit, allowed her to be more compassionate toward her body as she realized that it was natural to experience body-related anxiety.

In addition to experiencing a sense of support, many of the women described encouragement from others as being helpful in increasing their sense of body self-compassion. Jessica described her experience of lifting weights with two other women who provided an encouraging training environment.

Everyone's so positive towards each other. While we're lifting weights they're always encouraging you and being like 'You're doing great, you're getting so much stronger' and everything about it is positive. So, when you have that feedback...it changes how you perceive yourself I think. (Jessica, IP10, L25-30)

The positive environment and encouragement from her training partners allowed Jessica to focus on maintaining a positive attitude toward her body.

An important feature of the social support described by the women was a sense of acceptance. Many of the women found that their sense of body self-compassion grew when they were surrounded by people who were nonjudgmental and accepting. As mentioned previously, Matilda's sense of body self-compassion developed as she spent time with other women in her family. When she was younger, Matilda felt very self-conscious about her body and would confide in her sisters and her cousin about her body concerns.

I would tell them about feeling fat or you know "look at this roll in my bathing suit" and wouldn't feel comfortable being naked in front of them or anything like that. They would try to tell me but at the same time wouldn't push or anything, but would tell me "No Matilda, you're strong and athletic and that's why you're not a size two." (Matilda, IP9, L17-23)

As Matilda's sisters and cousin encouraged her to be more accepting of her body she began to internalize these messages, which helped foster her sense of body self-compassion.

While Matilda described a sense of acceptance from her family members, Jessica experienced a similar sense of acceptance from a group of people she had only recently met. When Jessica began her marathon training, she felt somewhat self-conscious around her training group members.

There were obviously the people that were lean and obviously were runners and had been for a long time and then...and then there was me, that was, you know, pudgier and out of shape and I guess I was just really self-conscious about that. But then as I became closer with the group, you realize that people don't even judge you for that...They like you because of your personality, because of everything else, of who you are, not what you are on the outside." (Jessica, IP6, L19-27)

The acceptance Jessica felt when she was with her training group helped Jessica develop her self-acceptance. These instances of social support highlight the role of others in facilitating the women's sense of body self-compassion.

For some of the women, role models played an important part in their body self-compassion stories. Family members and teammates were among the types of role models the women described in their stories. For some, hearing their role models share their body-related experiences gave them someone to relate to and provided the reassurance that others share similar struggles and successes. Matilda described the women in her family as role models and found that sharing body-related experiences with this diverse group of women was important in helping her develop her sense of body self-compassion.

So I guess those conversations - even coming from women in their 50s - and seeing how my mom and my aunt struggle with their body image and with their bodies and stuff - just kinda reinforces that everybody's different and, you know, love your body. (Matilda, IP10, L18-23)

Amy's role models were teammates who were comfortable with their bodies. "They seemed confident and seemed able and...seemed happy with themselves and with their body and had found a niche within that, and could be athletes but not tall, thin basketball players" (Amy, IP5, 15-20). Amy found her teammates' confidence inspiring and she in turn gained confidence with respect to her own body. Having role models of many different body types and witnessing others' body-related struggles and successes inspired the women and helped reinforce their appreciation of their unique bodies. This contributed greatly to the women's sense of body self-compassion.

As each of these examples illustrate, the women's body self-compassion was often developed within a supportive social network and through the women's experiences with positive role models. This reinforces the notion that body self-compassion, while being an individual process, can also be facilitated by one's interactions with others.

## **CHAPTER 4**

### **4.1 DISCUSSION**

Much of the body literature to date has focused on body dissatisfaction and pathology associated with negative body-related attitudes (Blood, 2005; Cash, 2002; Cash, 2004). While this approach has provided a great deal of useful knowledge, very little research has focused on studying positive or adaptive body-related attitudes (Avalos et al., 2005; Cash, 2005). Proponents of the positive psychology movement have called for more research that emphasizes the importance of developing an understanding of human strengths and virtues (Seligman & Csikszentmihalyi, 2000), and this call has been echoed in the body literature as well (Avalos et al., 2005; Blood, 2005; Cash, 2002, 2005). A positive psychology approach to body research allows researchers to explore positive body-related attitudes and discover how these positive attitudes might be cultivated. This study explored how self-compassion, a recently introduced conceptualization of a positive self-attitude (Neff, 2003a, 2003b), was experienced by young, physically active Caucasian women university students in relation to their bodies and is one of the first studies to explore the characteristics of positive body-related attitudes. The essential and facilitating structures that emerged in this study provide a unique perspective on how some women experience a positive attitude toward their bodies. The following is a discussion of the essential and facilitating structures that emerged in this study, followed by a discussion of the

contribution of body self-compassion to the body literature outlining how body self-compassion differs from other body-related constructs.

#### **4.1.1 Body Self-Compassion Essential and Facilitating Structures**

The purpose of this study was to discover the essential structures of the women's experience of body self-compassion, that is, those elements that must be present for the phenomenon to exist. Four essential structures (appreciating one's unique body, taking ownership of one's body, engaging in less social comparison, and body self-compassion as a dynamic process) and one facilitating structure (the importance of others) emerged using Giorgi's method of empirical phenomenological data analysis (Giorgi, 1997; Giorgi & Giorgi, 2003). In this section, I will discuss how these findings reflect Neff's (2003a) conceptualization of self-compassion and how the relationships between the structures reflect the women's experience of body self-compassion.

While the essential and facilitating structures are not direct reproductions of the three components of self-compassion (self-kindness, common humanity, and mindfulness), they do reflect Neff's overall description of self-compassion and associated psychological functioning. The first essential structure, appreciating one's unique body, is consistent with each of the three components of self-compassion: self-kindness, common humanity, and mindfulness (Neff, 2003a). The second essential structure, taking ownership of one's body, reflects some of the characteristics of psychological functioning that Neff expected to be associated with self-compassion. The third essential structure, engaging in less social comparison, is a characteristic that distinguishes self-compassion from self-esteem. The fourth essential structure, body self-compassion as a dynamic process, shares an interesting relationship with Neff's conceptualization of self-compassion as it is inconsistent with her early

conceptualization of self-compassion, but is consistent with her more recent research. Finally, the facilitating structure, importance of others, is linked to the common humanity component of self-compassion. The following is a discussion of these links to the self-compassion literature.

#### *4.1.1.1 Appreciating one's unique body*

The first essential structure, appreciating one's unique body, involved appreciating one's uniqueness and was expressed in three ways: appreciating one's unique beauty and unique body type, appreciating the body's capabilities, and appreciating and respecting the body's limitations. This is an important essential structure, as it is consistent with each of the three components of self-compassion: self-kindness, common humanity, and mindfulness (Neff, 2003a).

Appreciating one's unique body appears to be quite similar to self-kindness, which refers to being kind and understanding toward oneself instead of being harshly critical (Neff, 2003a). The women in this study described situations in which they developed an appreciation of their unique beauty and body types, as well as their body's capabilities and limitations. The women chose to appreciate, rather than be critical of, their body's uniqueness indicating that the women chose to extend kindness and understanding, rather than criticism, toward their bodies. For example, Jessica began marathon running expecting that most runners were people with tall, thin body types, which was a body type she did not feel she had. As she continued with her training, she developed an appreciation for her body's capabilities and in turn realized that people of many different body types run marathons. Through this experience, Jessica developed an appreciation for her own unique body type. She chose to extend kindness toward herself and appreciate her unique body, rather than being critical of herself because she did not have the stereotypical runner's build.

Appreciating one's unique body can also be interpreted in terms of common humanity, the second component of self-compassion. Neff (2004) referred to common humanity as being able to "see our personal experience in light of the common human experience" (p. 29) rather than feeling isolated in our experiences. Initially, appreciating one's unique body might appear to foster a sense of isolation if a woman views her body as being different from others. This sense of isolation might occur if a woman were to take a more evaluative attitude toward her body:

In modern Western culture, self-esteem is often based on how the self is different from others, how much one stands out or is special. It is not okay to be average, one must be *above* average to feel good about oneself. (Neff, 2004, p. 31-32, author's emphasis).

A woman might feel a sense of isolation if her self-worth is contingent on feeling that her body stands out or is above average. Appreciating one's unique body as it emerged in the women's stories, however, does not refer to uniqueness as setting oneself apart from others or being above average, but rather, focuses on celebrating the diverse perspectives of beauty. By recognizing that there are many different ideas of what beauty entails, the women in this study appeared to draw a sense of social connectedness from the appreciation that all women's bodies are unique. This appreciation allowed the women to recognize their related experiences, which is characteristic of the sense of common humanity that is inherent to self-compassion (Neff, 2003b).

The women's recognition of their common experience allowed them to put their painful experiences in perspective. This perspective contributed to their sense of mindfulness, the third component of self-compassion. Neff (2003a) defined mindfulness as being able to "hold painful thoughts or feelings in a balanced awareness rather than over-identifying with them" (p. 89). The women's descriptions of experiences where they learned to appreciate and respect their body's limitations

provided examples of how mindfulness is inherent to body self-compassion. Julia, for example, described a time when she practiced yoga and was feeling a great deal of physical discomfort. Julia described a process through which she acknowledged her discomfort and participated in the yoga class in a way that respected her body's limitations at that time. This is an example of mindfulness, as Julia acknowledged her discomfort, but chose not to dwell on it or let it prevent her from participating in her yoga class.

Mindfulness was also illustrated by Julia and Connie as they struggled to push their bodies even though they were injured. For both women, there came a point where they took a step back to consider the consequences of their actions. Upon doing so, both women chose to respect their bodies' limitations to avoid injuring themselves further. By taking the time to consider these consequences, the women granted themselves some distance from their emotions and from their desire to continue to exercise in spite of their injuries. Keeping the right amount of distance from one's emotions to allow for balance and clarity is characteristic of mindfulness (Neff, 2004), and contributed to the women's appreciation of and respect for their body's limitations. This is consistent with Neff's conceptualization of self-compassion, as she predicted that "self-compassion should be linked to greater knowledge and clarity about one's limitations" (Neff, 2003a, p.93). She went on to explain that individuals experiencing self-compassion should have a greater awareness of their limitations because they do not need to hide these limitations from themselves in order to protect their sense of self-worth. As described previously, the women sought to appreciate and respect their body's limitations, indicating that they did not feel the need to hide these limitations from themselves. This provides support for the essential structure appreciating one's unique body as being consistent with not only mindfulness, but with Neff's overall conceptualization of self-compassion as well.



#### *4.1.1.2 Taking ownership of one's body*

The second essential structure, taking ownership of one's body, highlighted the women's wish to be healthy and take care of their bodies. This essential structure described how the women took the initiative to ensure that their attitudes and actions reflected their desire for their own well-being. Taking ownership of one's body is consistent with the type of positive psychological functioning that Neff expected to be associated with self-compassion. In her introduction of self-compassion, Neff (2003a) stated that "having compassion for oneself means one desires well-being for oneself" (p. 87). She went on to explain that having self-compassion would allow individuals to recognize and change any thoughts or behaviours that might be detrimental to their well-being. "Having compassion for oneself often entails giving up harmful behavior to which one is attached, and encouraging oneself to take whatever actions are needed – even if painful or difficult – in order to further one's well-being" (Neff, 2003a, p. 88).

Taking ownership of one's body is consistent with the notion of desiring and actively pursuing well-being for the self in two ways. First, the women demonstrated a desire for well-being for themselves. Each woman expressed a desire to be healthy and cited this as a reason for exercising. The women expressed a genuine interest in developing an understanding of their bodies in order to be able to make decisions that would promote their well-being. As all of the women were students in health-related fields, this understanding was often developed through an amalgamation of textbook knowledge enhanced by personal experience. Second, for the women, an important part of taking ownership of their bodies involved taking responsibility for their physical and psychological well-being. This process involved identifying patterns of thought or behaviour that were detrimental to their well-being, recognizing that it was their responsibility to change these patterns, and then taking action to make these changes. For example, after Jessica quit figure skating, she became very critical of her maturing

body. Eventually, she recognized that she had been giving herself an excuse to feel poorly about herself because she had become quite inactive and this contributed to her self-criticism. Jessica decided to start a marathon training program so that she could become more active and use her body in a way that would make her feel good. In situations such as these, the women's process of taking responsibility for their physical and psychological needs reflected a genuine desire for their well-being, as well as the motivation to change their thoughts or behaviour in order to ensure they were treating their body in a way that was physically and psychologically healthy. The essential structure of taking ownership of one's body, therefore, reflects the type of positive psychological functioning that Neff predicted would be associated with self-compassion.

#### *4.1.1.3 Engaging in less social comparison*

The third essential structure that emerged in this study was engaging in less social comparison. In their stories, the women rejected the notion that a woman's ideal body is thin and lean. This allowed the women to spend less time comparing themselves to this unrealistic standard and to other women around them. As a result, the women were able to develop a positive attitude toward their bodies that was not contingent upon how they measured up to others. This essential structure is consistent with Neff's (2003a) conceptualization of self-compassion because, according to Neff, reduced social comparison is inherent to self-compassion and separates self-compassion from self-esteem.

Neff (2003a) explained that individuals experiencing self-compassion would not harshly criticize themselves for failing to meet ideal standards and would "not [find it] necessary to engage in downward social comparisons in order to think of the self as acceptable" (p. 92). Neff's conceptualization of self-compassion addresses not only social comparisons with respect to ideal standards, but puts emphasis on comparisons with others in an individual's social sphere as well (Neff, 2003a). Likewise, in this

study, the women described feeling less compelled to compare themselves to Western society's portrayal of the ideal woman's body, but also engaged in less social comparison with respect to other women around them.

It is important to note that the women did not experience a complete absence of social comparison. Many of the women acknowledged that they still engaged in social comparison from time to time but that overall, they engaged in less social comparison when they experienced body self-compassion. This finding opposes Neff's (2003a) original conceptualization of self-compassion, as she stated that "self-compassion takes the entire self-evaluation process out of the picture" (p. 92). This disparity between the findings of this study and Neff's original paper on self-compassion may be attributed in part to the association of women's experiences with exercise, where individuals often monitor and evaluate their performance. In a later study, Neff went on to qualify the notion of a lack of social comparison or self-evaluation.

A lack of "self-evaluation" on the part of self-compassionate individuals does not mean that they cannot discern the quality of their own performances, but instead means that performance evaluations are not personalized, and that the self is not valued according to the outcome of evaluations. (Neff et al., 2005, p. 265)

This statement acknowledges that social comparison might not be completely absent, but that the positive self-attitude of those who experience self-compassion is not contingent upon favourable social comparisons (Neff, 2004). Another reason for the disparity between the findings of this study, which highlight the women's reduced (although not completely eliminated) social comparison, and Neff's original conceptualization of self-compassion may be attributed to the dynamic nature of body self-compassion, the fourth essential structure that emerged in this study.

#### *4.1.1.4 Body self-compassion as a dynamic process*

The women in this study described their body self-compassion as having developed over time and indicated that their body self-compassion was continually

evolving. The women described their body self-compassion as fluctuating over the course of years, months, weeks, and days. These findings highlight the dynamic process inherent to the women's body self-compassion.

Body self-compassion emerged as a process, as the women's body self-compassion developed over time. The women's stories took place over periods of months or years, and the women explained how, over time, they found it easier to be kind and understanding toward their bodies. Most of the women's stories were based on an amalgamation of several similar experiences, and as such, it is possible that these positive experiences built on each other, leading the women's body self-compassion to grow over time. This notion is supported in Neff's self-compassion research. As part of the development of the self-compassion scale, Neff (2003b) examined the self-compassion scores of a sample of Buddhists, as they were likely to be familiar with the concept of self-compassion. Neff found a significant positive correlation between the Buddhists self-compassion scores and the number of years they had practiced Buddhism. Neff expected that the Buddhists that had been practicing for longer periods of time would have had more time to "cultivate the quality of self-compassion" (Neff, 2003b, p. 242). It is possible that, in a similar way, the women's amalgamation of positive body experiences over time led to their cultivation of body self-compassion. Interestingly, as the women were discussing the dynamic process essential structure during the focus group discussion, Matilda stated "I'm still getting used to this whole self-compassion thing" (Matilda, FP11, L34-35), indicating perhaps that her sense of body self-compassion was just beginning to be cultivated.

Another feature of the process of body self-compassion that emerged in this study was that the women identified that their body self-compassion developed with maturity. The women described themselves as having more body self-compassion currently, compared to when they were adolescents. Neff's early writing on self-

compassion provides support for this notion. Neff (2003a; 2004) expected that, in Western society, self-compassion would be at its lowest in adolescence for a couple of reasons. First, cognitive developments in terms of increased introspection, metacognition, and self-reflection set the stage for increased self-evaluation and judgment. Second, adolescence can be a period of increased self-absorption where many adolescents believe that everyone else is focused on their appearance and behaviour, and that others can not understand their unique experiences. Neff (2003a) expected that the egocentrism experienced by many adolescents would contribute to feelings of self-criticism, isolation, and over-identification with negative emotions. It is not surprising, then, that the women were more critical, and less compassionate, toward their bodies when they were adolescents, and that as they matured, their body self-compassion developed as well.

Body self-compassion emerged in this study not only as a process, but as a *dynamic* process. The women's body self-compassion fluctuated, rather than being stable or trait-like. The link between body self-compassion and self-compassion in this respect is complex, as the notion of a dynamic process of body self-compassion is both consistent and inconsistent with Neff's conceptualization of self-compassion. Neff (2004) initially expected that "self-compassion should be highly stable because one is always a human being worthy of compassion" (p. 32). She contrasted this with self-esteem, which fluctuates because of its evaluative component. Neff anticipated that self-compassion would be relatively stable because self-compassion should motivate an individual to be proactive and alter their behaviour in order to prevent one's suffering in the first place; and when an individual experiences painful thoughts or emotions, self-compassion should act as an emotional regulation strategy that allows him or her to keep the painful experience in perspective, rather than over-identifying with it (Neff, 2003a; 2004). While the women in this study described themselves as being more self-

compassionate compared to when they were younger, the women still experienced fluctuations in their level of body self-compassion which contrasts with Neff's initial conceptualization of self-compassion.

As research on self-compassion developed and included studies that involved interventions to increase self-compassion (Gilbert & Irons, 2004, 2005; Neff, Kirkpatrick & Rude, 2007), the notion of self-compassion as being stable has evolved. In a recent paper, Neff and colleagues (2007) proposed that "it could be argued that the construct of self-compassion is most useful when viewed as a skill that people can develop to facilitate mental health, rather than as a static personality trait" (p. 146). The concept of self-compassion as a buffer or coping strategy implies that self-compassion can fluctuate, and can be drawn upon as needed. Neff and colleagues (2007) conducted a study that was designed "to explore the *dynamic* relation between self-compassion and enhanced well-being" (p. 146; emphasis mine). The participants in this study were asked to identify a situation in which they were self-critical, and took part in a clinical exercise designed to increase self-compassion. The findings indicated that there was a statistically significant increase in the participants' self-compassion over a one-month interval (Neff, personal communication, April 18, 2007). Neff's findings indicate that self-compassion can indeed fluctuate, as the participants identified both self-critical and self-compassionate attitudes during their clinical exercise; and also because the participants' self-compassion increased over the course of the study. The women in this study described a similar process, where they experienced fluctuations in their level of body self-compassion, but indicated that their body self-compassion had generally increased since adolescence.

Although the women's experience of the dynamic nature of body self-compassion is inconsistent with Neff's original conceptualization of self-compassion as a stable construct, the women's experience of body self-compassion is consistent with

Neff's more recent self-compassion research. The lack of clarity in this area attests to the complexity of both self-compassion and body self-compassion; and warrants further exploration as self-compassion research develops.

#### *4.1.1.5 Importance of others*

The final structure that emerged in this study was the importance of others. Each of the women's stories involved other people in some way, and the women's self-compassion often developed within a supportive social network and through the women's experiences with positive role models. The women's body self-compassion was an individual process but was also facilitated by their interactions with others. The women decided that this theme was important, but not essential, to their body self-compassion experiences, and indicated that it should be included in the findings of this study as a facilitating, rather than essential, structure.

It is interesting that the importance of others appears only as a facilitating structure in this study, as Neff's (2003a) description of self-compassion places a great degree of importance on how an individual relates to others. One of the components of self-compassion is common humanity, which Neff (2003a) defined as "seeing one's experiences as part of the larger human experience rather than seeing them as separating or isolating" (p. 89). An important feature of common humanity involves feeling connected to others and acknowledging that others share similar burdens, successes, and failures (Neff, 2003a; 2004). Elements of common humanity were evident in the women's stories, as the women expressed that seeing others who struggled with body-related issues helped them realize that they were not alone in terms of their concerns about their body, and seeing others who demonstrated positive attitudes toward their bodies helped the women foster their own body self-compassion. Through these stories, the women demonstrated a sense of social connectedness that is characteristic of self-compassion.

Given that the importance of others appears to be consistent with common humanity, and therefore with self-compassion, it is important to consider why this theme emerged only as a facilitating structure. A look at the body literature provides an indication as to why the importance of others was not considered essential to the women's experiences of body self-compassion. The importance of peer and family influences on women's body image is widely acknowledged in the body literature (e.g., Cash, 2002, Grogan, 2006; Kearney-Cooke, 2002; Maine, 2000). A critical look at the body literature, however, reveals the complexity of the many ways that others can influence women's attitudes toward their bodies. Blood (2005) contends that "body image research lays blame for, and offers solutions to, the problem of 'body image disturbance' at the level of the (normal) individual...it constitutes women as isolated individuals who must resist societal influences" (p. 41). This presents an interesting paradox because according to this statement women are influenced by "others" (who exist in the form of "societal influences"), but are also said to be isolated from "others" (as they are said to be isolated in the task of "resisting societal influences"). If this paradox is indeed salient in the realm of body-related attitudes, "others" could be seen as both detrimental (i.e., part of the societal influences a woman must resist) and helpful (i.e., providing social support for a woman's task of resisting the societal influences) to a woman's development of a positive attitude toward her body.

The sense of common humanity that emerged from the women's stories in this study suggests that the "others" they described in their interviews helped, rather than hindered, their sense of body self-compassion. However, Blood's statement above reflects the tension between the view that social support is important to an individual's self-concept (Cohen, Gottlieb, & Underwood, 2000), and the notion that an individual is ultimately self-reliant and responsible for their own well-being (Pearson & Podeschi, 1999). Given the complexity of these relationships, it is understandable that some



women in the study felt that others were essential to their experience of body self-compassion, while other women thought of the experience as more of an individual process. Further research is needed to explore the complexity of the importance of others to women's body self-compassion and to gain an understanding of who falls into the category of "others" (e.g., socially supportive friends/family, role models, society in general) and how women relate to these "others" in the context of body self-compassion.

#### *4.1.1.6 Relationships between the essential and facilitating structures*

The discussion of each of the essential and facilitating structures reveals that the women's experience of body self-compassion described in this study occupies a unique space within the growing body of self-compassion research. The essential and facilitating structures that emerged in this study reflect Neff's conceptualization of self-compassion without being merely body-related replicas of the characteristics of self-compassion. While each of the essential and facilitating structures have been discussed on their own, it is important to consider the relationship between each of the structures as well.

Although the essential and facilitating structures that emerged in this study are conceptually distinct, there exists a fair degree of connectedness between them. The structures exist in relationship with each other, and a discussion of their related nature will enhance our understanding of the women's experience body self-compassion.

Appreciating one's unique body is closely tied to taking ownership of one's body, as the women's appreciation of their unique bodies, including their capabilities and limitations, contributed to their understanding of their bodies and their sense of competence (both components of taking ownership of one's body). Likewise, as the women developed their knowledge, understanding, and sense of competence toward their bodies, this enhanced their sense of appreciation of their bodies, particularly their

bodies' capabilities. Although these two structures are closely tied to each other, they differ in terms of the processes underlying each structure. The women's understanding of their bodies (associated with the taking ownership structure) was based on the process of developing their knowledge of their bodies' structure and function. The women's appreciation of their bodies, however, was characterized by the affective component of the women's experiences, which included feelings of empowerment, gratitude for their capabilities, and enjoyment of their bodies. This affective component separates the women's appreciation of their unique bodies from their understanding or knowledge of their bodies.

Appreciating one's unique body was also related to engaging in less social comparison, as the women's appreciation of their unique bodies allowed them to shift their focus away from comparing themselves to others. The women's emphasis on the multiple perspectives of beauty that emerged as part of appreciating one's unique body is similar to the women's rejection of the ideal body portrayed in Western society (a component of engaging in less social comparison). The notion of multiple perspectives of beauty emerged mainly in the women's discussion of themselves and others around them, and highlighted the women's appreciation for diversity. Rejecting mainstream society's ideal body type, on the other hand, emerged primarily in the women's discussions of society in general and was directed at society's standards and portrayal of women's bodies in the media. Rejecting the ideal body reflected the women's decision not to allow society's standards to dictate their attitudes toward their own bodies. While a relation exists between the women's appreciation for diversity and their decision to not allow society's standards to dictate their own self-attitudes, they highlight different components of the women's experience of body self-compassion.

Body self-compassion as a dynamic process and the importance of others are related to the rest of the essential structures in a more general manner than the

previous three structures. The dynamic process structure is inherent to each of the other three essential structures as the women's appreciation of their unique bodies, their ability and willingness to take ownership of their bodies, and the extent to which they engaged in social comparison have all evolved over time and can fluctuate. Likewise, the facilitating structure, the importance of others, pertains to each of the essential structures as the women's interactions with others served as a catalyst for the processes of appreciating their unique bodies, taking ownership of their bodies, and engaging in less social comparison.

The connected nature of each of the essential and facilitating structures provides further support for the "essential" nature of each of the structures. Not only are the structures themselves essential to the women's experience of body self-compassion, the relationships between the structures are essential as well. To remove one essential structure would not only change the women's experience of body self-compassion, but would remove a layer of depth from the other structures that describe the women's experiences.

#### **4.1.2 Do We Need the Concept of Body Self-Compassion?**

Just as there are relationships between the structures of body self-compassion that emerged in this study, there is a certain degree of connectedness between body self-compassion and other body-related constructs. Given the breadth of the body literature, and the large number of body-related constructs that come with it, it is important to consider whether it is worthwhile to add yet another concept to this area of research. One of the most difficult questions I have wrestled with over the course of my research on body self-compassion is: "How is body self-compassion different from the other body-related constructs"? This is an important question to consider, as the

answer makes a case for the contribution and value of this study. I will make the case here that body self-compassion is indeed different from other body-related constructs and as such, provides a valuable contribution to the body literature.

Over the years, body researchers have developed numerous constructs that describe how we think about our bodies and these constructs can be grouped into two general categories: constructs that deal with body perception and constructs that address body attitudes and affect (Blood, 2005; Cash & Pruzinsky, 2002; Grogan, 2006). The constructs that relate the most closely to body self-compassion are those that tap into the evaluative-affective dimension of body-related attitudes, such as body satisfaction, physical acceptance, and body appreciation. Body satisfaction refers to an individual's level of satisfaction with their overall physical appearance, or with specific body parts (Blood, 2005). While body self-compassion does involve a certain degree of satisfaction with one's body, it is not contingent upon always feeling satisfied with one's body and allows for the acknowledgement of negative feelings as well. The first essential structure that emerged in this study, appreciating one's unique body, provides a good example of how body self-compassion allows for negative, as well as positive, feelings toward one's body. Appreciating one's unique body allows an individual to appreciate and respect their body's limitations. Julia, for example, described an instance where she was feeling quite uncomfortable with her body and chose to practice yoga in order to feel better. Julia explained that she honoured the way her body was feeling and adapted the way she did yoga in order to work with her body's limitations that day. Julia's example of body self-compassion was not contingent upon feeling satisfied with her body, and allowed for the acknowledgement of her negative feelings, which illustrates the difference between body satisfaction and body self-compassion.

Body self-compassion would appear to be even more similar to physical acceptance, a component of Sonstroem and Morgan's (1989) exercise and self-esteem model. However, Sonstroem and Morgan (1989) defined physical acceptance as the degree of satisfaction or dissatisfaction with various body parts and processes. According to this definition, physical acceptance is not much different from the body satisfaction construct discussed above. Body self-compassion, therefore, differs from physical acceptance in the same way that it differs from body satisfaction.

The construct that seems to most closely resemble body self-compassion is body appreciation. Body appreciation is characterized by "unconditional approval and respect of the body" (Avalos et al., 2005, p. 278) and reflects the extent to which women

(a) hold favorable opinions of their bodies, (b) accept their bodies in spite of their weight, body shape, and imperfections, (c) respect their bodies by attending to their body's needs and engaging in healthy behaviors, and (d) protect their body image by rejecting unrealistic images of the thin-ideal prototype portrayed in the media. (p. 287)

Body appreciation and body self-compassion appear to be quite similar, as body self-compassion touches on each of the four characteristics of body appreciation. The first two characteristics of body appreciation include the extent to which women "hold favorable opinions of their bodies" and "accept their bodies in spite of their weight, body shape, and imperfections" (Avalos et al., 2005, p. 287). These characteristics are similar to the body self-compassion essential structure appreciating one's unique body, as they reflect an individual's appreciation of their body and an attitude of kindness (rather than criticism) toward one's body. The third characteristic of body appreciation involves respecting one's body and engaging in healthy behaviours. This characteristic of body appreciation is consistent with the taking ownership of one's body essential structure of body self-compassion, as they share an emphasis on the importance of taking responsibility for one's well-being and choosing to engage in healthy behaviours.

Finally, the fourth characteristic of body appreciation, protecting one's body image by rejecting the media's portrayal of the ideal body type, is also similar to body self-compassion. Rejecting society's portrayal of the ideal woman's body as being thin and lean was a component of engaging in less social comparison, the third essential structure of body self-compassion.

While body appreciation and body self-compassion appear to be quite similar, there are a few important differences between these two constructs. The differences between body self-compassion and body appreciation illustrate the differences that separate body self-compassion from the rest of the body literature; therefore, they will be discussed together. First, in contrast to the women's experiences of body self-compassion, many of the body constructs, including body appreciation, focus on a woman's attitude toward her physical appearance and do not acknowledge the contribution that physical function and physical capabilities might make to a woman's attitude toward her body. Blood (2005) has noted that body image has been defined primarily as an appearance-related construct and that most of the body image research has focused on women's bodies in terms of appearance. The first essential structure of body self-compassion, appreciating one's unique body, offers a more holistic approach in this regard as the women described that they gained a sense of body self-compassion by appreciating their body's capabilities and respecting their body's limitations. Perhaps one of the reasons that body dissatisfaction is so prevalent in the body literature is that the measurement of body-related attitudes focuses primarily on individuals' level of satisfaction with their appearance, and does not address individuals' appreciation of their physical capabilities. The women's appreciation of their bodies' physical capabilities and limitations *in addition to* their appearance seems to be unique to body self-compassion and presents a dimension of the body literature that deserves further attention.

The second difference that separates body self-compassion from the other body-related constructs is the dynamic nature of the women's body self-compassion experiences. The women in this study indicated that their sense of body self-compassion fluctuated over the course of weeks, days, or even throughout the day. The dynamic process inherent to the women's body self-compassion experiences is contradictory to much of the body literature that frames body image (usually body dissatisfaction) as being relatively stable and consistent over time (Blood, 2005). Body appreciation is similar to most of the body literature in this regard, as Avalos and colleagues (2005) provided evidence of the stability of body appreciation scale scores over a three week period.

The dominant view of body attitudes as being stable has been challenged by Blood (2005), who contended that these findings reflect the assumptions of the postpositivist research methodology that characterizes the majority of the body image research. She explained that in most experimental research "the world is viewed as stable and unchanging" (p. 25) and that many body image researchers "maintain that 'body image' is a real, stable psychological construct and [is] more or less consistent over time" (p. 31). Blood critiqued these assumptions:

Psychological research on body image holds that women with 'body image problems' are saturated with dissatisfaction with their bodies. There is no room for contradictory thoughts, feelings, behaviours or desires. When it comes to body dissatisfaction, women either have it or they do not... Yet women do not *always* feel dissatisfaction with their bodies and often experience their bodies positively as well as negatively, despite there being no change in the size or shape of their bodies. (p. 110)

Blood's claims, drawn from her experience as a clinical psychologist and informed by a social constructionist approach, support the women's experience of the dynamic process of body self-compassion. Body self-compassion's dynamic nature, then,

appears to address Blood's criticism of the body literature, which separates body self-compassion from body appreciation and other body-related constructs.

The final difference between body self-compassion and other constructs in the body literature is most important. As was mentioned previously, body-related constructs fall under one of two categories: constructs that address body perception and constructs that address body attitudes and affect. While body self-compassion and body appreciation fall under the category of body attitudes, body self-compassion is unique in that it might also be described as a coping process. Just as self-compassion was defined as "being kind and understanding toward oneself in instances of pain or failure" (Neff, 2003a, p. 85), body self-compassion was conceptualized in this study as a kind, understanding, and nonjudgmental attitude an individual extends toward their body in response to their perceived physical imperfections, limitations, and failures. Neff has recognized the importance of self-compassion as a coping process. In 2005, Neff and colleagues investigated the relationship between self-compassion and coping with academic failure, and found that self-compassion was associated with more adaptive coping strategies. In light of these results, and the recent research that has explored the usefulness of self-compassion as a therapeutic tool (Compassionate Mind Training; Gilbert & Irons, 2005), Neff (2007) suggested that "it could be argued that the construct of self-compassion is most useful when viewed as a skill that people can develop to facilitate mental health" (p. 146).

The women's stories support the idea of body self-compassion as a coping process, as each of the women described situations where they dealt with negative body experiences. Julia described a situation where she felt a great deal of physical discomfort and stress but decided to take part in yoga in a way that honoured her body's limitations on that particular day. Jessica was very critical of her body and decided to get involved in marathon running in order to use her body in a way that



would make her feel good about herself. Connie described an experience where she felt a great deal of anxiety about being seen in a bathing suit, but allowed herself to listen to others around her who offered her support, thereby easing her anxiety. Matilda's conversations with women in her family helped her to grow from being critical and evaluative of her body to become more accepting of her body. Amy described feeling insecure and not completely comfortable with her body during grade school and explained how her experiences on a wrestling team contributed to a stronger sense of identity, belonging, and appreciation of her body. In each of these situations, the women's body self-compassion stories described ways in which the women dealt with negative body experiences.

The essential structures that emerged in this study, especially appreciating one's unique body, taking ownership of one's body, and engaging in less social comparison, provide examples of how body self-compassion can be conceptualized as a coping process. The women chose to appreciate their bodies' uniqueness, rather than being critical of their bodies. The women chose to take responsibility for their health and well-being, rather than waiting for someone or something else to change their negative body attitudes or unhealthy behaviours. The women also reduced the amount of time and energy they spent comparing themselves to others. While each of these essential structures are components of a positive attitude toward one's body, they can also be thought of as strategies the women used to deal with negative body attitudes and experiences.

Most of the constructs in the body literature describe individuals' perception, affect, and attitudes related to the body. Due to the way in which this area of research has evolved, most of these constructs focus on body dissatisfaction and negative body attitudes (Blood, 2005; Cash, 2002). The conceptualization of body self-compassion contributes to a small, but much needed body of research on positive body attitudes.

While body self-compassion is similar to certain positive body constructs, such as body appreciation, body self-compassion is unique because in addition to being a positive body attitude, body self-compassion is also useful as an attitude that can help women deal with negative body experiences.

## **CHAPTER 5**

### **5.1 SUMMARY**

Body image research has traditionally focused on body dissatisfaction and psychopathology related to negative body attitudes (Blood, 2005; Cash, 2002, 2004). Although this approach has yielded useful insight into individual's experience of the body, researchers have recently recognized a need for research on positive body attitudes (Avalos et al., 2005; Blood, 2005; Cash, 2002, 2005). Self-compassion, a recently introduced conceptualization of a kind, understanding, and nonjudgmental attitude toward oneself (Neff, 2003a, 2004), appeared to be potentially useful as a positive attitude one might extend to toward their body. It was anticipated that body self-compassion would be relevant to women who exercise, as body issues are often salient for women (Striegel-Moore & Franko, 2002; Tiggemann & Slater, 2004; Tiggeman & Williamson, 2000), and issues of the body are usually important to individuals who exercise (Schwitzer et al., 1998; Stice & Whitenton, 2002). The purpose of this study was to explore the meaning of body self-compassion for young adult women who exercise and have experienced a change in their attitude toward their body over time.

Five women between the ages of 23 and 28 years participated in this study. The women identified themselves as Caucasian and middle-class, were university students, and indicated that they exercised at least four times a week. The women participated in individual interviews in which they described two situations where they

experienced body self-compassion. These descriptions were analyzed using Giorgi's method of empirical phenomenological data analysis (Giorgi, 1997; Giorgi & Giorgi, 2003) to identify the components of the women's stories that were essential to their experience of body self-compassion. The women were then invited to provide feedback on these essential structures in a focus group discussion. Four essential structures emerged: appreciating one's unique body, taking ownership of one's body, engaging in less social comparison, and body self-compassion as a dynamic process. A facilitating structure, the importance of others, also emerged.

The primary contribution of this study is that the findings show that the women's experience of body self-compassion generally reflects the self-compassion construct. This provides support for Neff's conceptualization of self-compassion, and for the exploration of self-compassion in more specific domains of self-concept. Self-compassion has been explored in an academic context (Neff et al., 2005), and this study provides support for further exploration of self-compassion in the context of the body.

Another important strength of this study is its contribution to the body literature. Body image research has been criticized for taking a pathology-oriented approach that is focused on assessing body dissatisfaction and defines body image as consisting of mainly appearance-related attitudes and perceptions (Avalos et al., 2005; Blood, 2005; Grogan, 2006). This study addresses this gap in the literature as it explored positive body attitudes and highlighted the importance of physical capabilities, in addition to appearance, as a factor in women's body-related attitudes. Also, this study makes an important contribution to the body literature as body self-compassion appears to be different from other body-related constructs. In addition to providing a conceptualization of a positive body attitude, body self-compassion is unique because it also has potential as a way of coping with negative body experiences.

## 5.2 PERSONAL REFLECTION

As I began this thesis by describing my positioning with respect to the research and sharing my personal story and how I came to the body self-compassion research, it seems fitting that I end with a reflection on my journey over the course of this project in order to acknowledge the experiences that have influenced my research. As my graduate work is being done in the field of kinesiology, it is important that I share how my experiences in this field have shaped my research (and vice versa) and discuss the implications of body-related attitudes for our field. From the beginning, I was very aware of the role that physical activity played in this study. In my discussions with the women, it became clear that their physical activity experiences were very positive, empowering experiences and were an important source from which the women derived meaning about their bodies and body experiences. I related to these women's stories in this regard, as my experience as a runner has significantly enhanced my sense of body self-compassion, especially my appreciation of my body's capabilities. This made for some interesting challenges during my interviews with the women, as I found myself relating so much to their stories that I had to constantly remind myself to take the position of a listener who knew nothing of their experiences in order to encourage them to describe their experiences in detail. The importance of physical activity to the women's experiences can be easily recognized, as most of the essential structures that emerged in this study draw on their physical activity experiences in some way. It was encouraging to see firsthand the psychological benefits of physical activity that are so widely extolled in the field of kinesiology.

Researching body attitudes as a kinesiology student put me in a very interesting position, as students in our college are constantly learning about, thinking about, and talking about our bodies. My research on body attitudes has keenly raised my

awareness of how salient thoughts about the body can be in this field, and how prominently this can shape our attitudes toward health and physical fitness. My experience as a teaching assistant made me aware that this academic environment is not always conducive to developing self-compassionate attitudes. In our first couple of weeks of lab, the students (most of whom were in their first couple of weeks of their first year of university) had to measure each other's body composition and fitness levels. While this did not faze some students, I was intensely aware of the anxiety experienced by many students as they exposed various parts of their body to be measured by others. When I marked the students' lab reports and read their appraisals of their fitness testing, I was concerned by the tone of shame that emerged in a few students' lab reports, as they indicated that they needed to lose weight in order to do "better" on the fitness tests. For some of these students, the evaluative component of this academic exercise clearly had an impact that reached well beyond a grade on a lab report.

An important goal in kinesiology is to help people become more physically active and lead more healthy lifestyles. I think it is important in this field that we take a step back from time to time and examine the assumptions that underlie this goal. Blood (2005) warned that "health" and "fitness" can carry appearance-related connotations where being "fit" is quite often associated with being thin and lean. She also draws attention to the morally laden connotations of "health" and "fitness" that grants "superior moral virtue" (p. 76) to those who work out to stay healthy and equates fatness with laziness. I felt the presence of these assumptions during my teaching experience described above. I believe it is important to examine the degree to which we hold these attitudes toward health, as they do not leave room for appreciation of uniqueness and acceptance of the body. As measurement and evaluation are both valuable and essential in this field, it is important that we, as teachers and researchers, are able to

find a way to evaluate our students and participants in a manner that still allows for a certain degree of body self-compassion. Clearly explaining the rationale for measurement activities (e.g., explaining that the purpose is to learn how to properly measure body composition, not to compare one's measurements to others), providing other options for students who do not feel comfortable being measured (e.g., measure the teaching assistant's body composition instead of their own), and teaching about positive body image, in addition to negative body image and eating disorders, in sport/health/exercise psychology classes are a few examples of steps that kinesiology instructors and researchers can take to promote body self-compassion in teaching and research activities.

In the first chapter of this thesis, I described how I became interested in studying self-compassion and discussed the importance this construct had for me personally. As I read more about self-compassion, I began to consider whether I took an evaluative or understanding position toward my body and I found myself trying to relate to my body in a way that was more compassionate. Allowing myself to sit with these ideas over time and think about how they might be applied to my life has helped me foster a greater sense of body self-compassion and overall self-compassion. I believe that this attests to the intuitive nature of these constructs and their potential to help enhance individuals' well-being.

Body self-compassion has not only had intuitive appeal for me, but for many others with whom I have shared my research. I have received an overwhelmingly positive response when I have discussed my research with others. In the beginning stages of my research, I gave a proposal presentation to a small group of students (who all happened to be women) in my qualitative research methods class. The women were all incredibly receptive to my proposal, and engaged in an enthusiastic conversation about body self-compassion and how it was relevant in their lives. One

woman stated that she had a similar conversation with friends a few days earlier and remarked that she felt that this construct “made a lot of sense”. It appeared to me that body self-compassion was giving a “name” to something that women were already experiencing and discussing with each other. When I discussed the idea of self-compassion with my parents (my mother is a social worker and my father works in management in the social service and physical rehabilitation field) they identified with the construct from a therapeutic perspective. My mother was quick to identify the benefits of such a construct for people in helping professions and the ways that language reflective of self-compassion (although not named as such) is promoted in her field.

As I continued with my research, friends and acquaintances often asked about what I was studying. I would tell them I was studying positive body image and was amazed at how often people would probe for more details. When I gave the spiel about how I was “trying to figure out what was common among women’s experiences when they have a positive attitude toward their bodies”, I was even more surprised by the number of people who would then ask about my findings. As I talked about the structures that emerged in my study, this more often than not sparked a discussion where the other person or group of people (usually women) would share their own stories and personal examples of their body-related experiences. I continue to be amazed at how many women identify with body self-compassion, and how readily they share their own stories when this topic arises. When I was discussing my research with a group of women in my marathon training group, many of them commented specifically about how “it’s about time” that women pay attention to the positive aspects of their body experiences and about how valuable they thought that this perspective was. These experiences of sharing my research with others have personally validated my conviction that body self-compassion (and self-compassion in general) has a great



deal of potential simply by its ability to give women a positive framework to think about their body experiences.

Although I have made it clear that I see the value in the body self-compassion construct, it is important to consider whether body self-compassion has the potential to make a significant contribution to the larger discourse on body attitudes. One day when I was writing the discussion section of this thesis, I had become frustrated by the task of distinguishing between the many constructs related to body image. I expressed to another graduate student my frustration about how it seemed to me that every time researchers studied body image, they made up a new construct to label whatever part of the phenomenon they were interested in studying and designed a scale to go with it. My colleague chuckled and responded "...like you are?" I couldn't help but laugh as I admitted that my study was indeed contributing the issue I was complaining about. I will make the argument, however, that body self-compassion is not just another construct to add to the discourse on body attitudes. Blood (2005) contended that there is a "relationship between experimental psychology's (manufacture of) body image and many women's daily (problematic) experience of embodiment" (p. 20) and argued that the body literature's focus on body dissatisfaction is a tool of production of body dissatisfaction in women. As I mentioned previously, the most important contribution of body self-compassion lies in its ability to give women a positive framework to give meaning to their body experiences and attitudes. Hearing these women's stories inspired me quite a bit and instilled in me an enhanced sense of body self-compassion as I drew on their positive examples to give meaning to my own body-related experiences. Perhaps body self-compassion could give women a new "tool", a new language, a new way of thinking about their bodies. Much of the current body literature provides a discourse of self-evaluation, judgment, comparison and dissatisfaction. Body self-compassion makes an important contribution as an alternative discourse: a

discourse of understanding, kindness, acceptance, ownership, and appreciation.

Hopefully this can provide women with a tool to make meaning of their bodies in a way that is positive.

### 5.3 LIMITATIONS

While this study provides an important contribution to the self-compassion and body research, it is not without its limitations. One limitation of this study is that the participants are representative of the current population bias in body research: they are white, middle class women who are university students. I chose to study women in the 23-29 year age range because body self-compassion seemed to be relevant to this group, based on both the self-compassion and body literature. I must acknowledge, however, that body researchers have been encouraged to expand their focus to include men as well as women (Grogan, 2006), and that the design of this study does not meet that recommendation. Also, the choice to include only women in this study contradicts the common humanity component that is inherent to self-compassion. In her initial paper on self-compassion, Neff (2003a) clearly distinguishes self-compassion from Judith Jordan's self-in-relation model, as Jordan's model is set within the perspective of women's development. Neff states that as such, the self-in-relation model "runs the risk of being linked to a specifically *female* rather than a generally *human* experience of self and others" (p. 90; author's emphasis). It would be worthwhile to expand research on body self-compassion to develop an understanding of men's experience of this phenomenon, and to include participants of different ages, ethnicities, and socioeconomic statuses that are not represented in this study.

Other limitations of this study are those that are inherent to qualitative research methodology in general. Qualitative research, because of its focus on developing a

thorough understanding the experience of a small group of participants, does not allow researchers to make generalizations about the findings of their research (Lincoln & Guba, 1985). Some might see this as a limitation, as the essential structures that describe these women's experience of body self-compassion can not be attributed to a broader population. During the development of this study, the decision was made to prioritize the opportunity to gain a more detailed understanding of the women's experiences over the importance of generalizability. These findings, however, can be transferred to other contexts that are similar to the context described in this study. More specifically, the findings of this study are most relevant to young Caucasian women who exercise at least four times a week, are university students, and have experienced a change in their attitude toward their bodies. I have attempted to provide enough detail about the context and the women in this study (without compromising the women's confidentiality) to allow readers to determine whether the findings of this study are transferable to another context of interest.

Another limitation inherent to qualitative research methodology is that the researcher's biases may influence the findings of the study. Arguably, this limitation is applicable to quantitative research as well; however, it is an important issue to address in qualitative research due to the researcher's role in interpreting and analyzing the participants' descriptions of their experiences. I acknowledge that I can not separate myself from my values and biases that might affect the study. However, by sharing my personal journey at the beginning of this thesis, I attempted to make my values and biases known so that I could acknowledge how they might shape my study and so that readers can be aware of them. My personal reflection, which appeared in the previous section of this chapter, was also included so that readers might understand the experiences that shaped the process of conducting this research.

## **5.4 SUGGESTIONS FOR FUTURE RESEARCH**

As research on self-compassion is in the beginning stages, there are many different directions that can be suggested for future research. My recommendations focus specifically on exploring the meaning of self-compassion in different domains of self-concept, developing an understanding of the meaning of body self-compassion for various populations, and exploring how an understanding of this construct might be used to enhance individuals' well-being.

In this study, I explored the meaning of self-compassion in a more specific capacity, self-compassion for one's body. While self-compassion is useful as a conceptualization of a positive attitude toward oneself in general, the findings of this study indicate that self-compassion is useful when conceptualized in more specific domains. Early work on self-concept by Shavelson, Hubner, and Stanton (1976) presented self-concept as being hierarchical in nature, subsuming more specific domains such as academic, social, emotional, and physical self-concept. Neff and her colleagues (2005) have studied self-compassion in an academic setting and found self-compassion to be associated with students' achievement goal orientation and strategies for coping with academic failure. It is possible that self-compassion could be useful in some of the other areas described by Shavelson and colleagues, such as the social or emotional areas of self-concept. Exploring self-compassion in more specific areas, including further research in the academic and body domains, would contribute to a better understanding of the potential usefulness of this construct.

Although I have already explored the meaning of body self-compassion for a group of young adult women who exercise and have experienced a change in their attitude toward their body over time, it will be useful to continue to explore the meaning of this construct in other groups of women. An important question raised in this study

involves the complexity of the role that others played in the women's experiences. As the importance of others emerged as a facilitating structure and was the subject of some debate during the focus group discussion, it would be worthwhile to pursue this further with other groups of women to develop a better understanding of this facilitating structure.

In addition to continuing to investigate the meaning of body self-compassion for young, middle-class, Caucasian women exercisers, it is important to consider the experiences of other women as well. The women in this study represent a very specific segment of the population and the essential structures that emerged in this study may or may not be transferable to other women in different contexts. It would be worthwhile to use the same methodology to explore the meaning of body self-compassion for women of different ages. Neff (2003a) suggested that self-compassion might be at its lowest in adolescence because of the various social pressures that are often present at this age. As body concerns are also quite prevalent during adolescence (Levine & Smolak, 2002), it would be valuable to discover what body self-compassion looks like for women during this stage of life. At the other end of the spectrum, it would be quite interesting to explore the meaning of body self-compassion for women later in life. In their discussion of the dynamic process essential structure in this study, the women described how their body self-compassion developed over time and grew as they matured. In a review of body image across the adult life span, Tiggeman (2004) found that while aging moved women's bodies away from the young, thin ideal, women's body dissatisfaction remained stable over time and the importance of body appearance decreased with age. Given the complexity of women's attitudes toward their bodies as they age, it would be quite valuable to explore the meaning of body self-compassion for older women.

Not only would it be valuable to study the meaning of body self-compassion for women of different ages, it is quite possible that body self-compassion might hold different meaning for women in different cultural groups as well. Neff (2003a) suggested that researchers investigate self-compassion in Asian cultures as people from Asian countries are more likely to be familiar with Buddhist teachings on self-compassion and are part of a collectivist culture that values an interdependent sense of self. It would be interesting to explore how these factors play into women's attitudes toward their bodies. As a Canadian researcher, I think that it would be important to investigate the meaning of body self-compassion for Aboriginal women. In a recent study, Fleming and colleagues (2006) explored the body-related emotional experiences of young Canadian Aboriginal women and found that, contrary to much of the body literature on Aboriginal women, the young women in their study described a sense of satisfaction or happiness with their bodies. The young women in their study described complex body-related emotions that were influenced by the challenge of negotiating cultural expectations of both their Aboriginal culture and the dominant White culture. It would be valuable to explore the meaning of body self-compassion for Aboriginal women who offer the unique perspective of managing body attitudes within the influences of two conflicting cultures.

As was mentioned in the discussion of the study's limitations, Neff (2003a) defined self-compassion in the context of not only women's experience, but human experience. As such, it would be useful to conduct this study with groups of men to explore their experience of body self-compassion. Grogan (2006) identified that women and men have different social pressures surrounding the body and the findings of studies on women cannot be generalized to men. She stressed the importance of investigating boys' and men's body-related experiences. An investigation of the meaning of body self-compassion for boys and men might provide insight into the

attitudes they assume when dealing with their bodies' perceived limitations and imperfections. Further research could address gender differences in body self-compassion.

While qualitative research methodologies are valuable in exploring the meaning of body self-compassion, it would also be useful to further our understanding of this construct using quantitative approaches. An important suggestion for future research would be to determine whether the essential structures that emerged in this study can be generalized to larger populations of women. This might involve the development of questionnaires to determine which essential structures are relevant to women's body self-compassion, followed by the development of a scale to measure body self-compassion. This type of quantitative approach would allow researchers to investigate the psychological outcomes associated with body self-compassion and determine whether body self-compassion is quantitatively different from other body-related constructs.

Finally, given that body self-compassion is conceptualized as an attitude that individuals extend toward themselves in response to their perceived limitations and imperfections, it is important to explore how this construct might be used to promote positive body-related attitudes. Interventions have been developed to increase individuals' levels of self-compassion (Gilbert & Irons, 2004; Gilbert & Irons, 2005), and this might be an avenue to explore in terms of body self-compassion as well. However, it might be more effective to consider promoting body self-compassion simply by increasing awareness of this attitude and its potential benefits in terms of psychological well-being. Raising awareness of body self-compassion might encourage individuals to consider whether they are evaluative or understanding toward their bodies and think about how they cope with negative body attitudes. Such initiatives might take place in discussion groups or other activities that encourage individuals to explore their body

attitudes. Action research methodologies might address how we can effectively cultivate body self-compassion in hopes of promoting healthy body attitudes.



## REFERENCES

- Avalos, L., Tylka, T., & Wood-Barcalow, N. (2005). The Body Appreciation Scale: Development and psychometric evaluation. *Body Image, 2*, 285-297.
- Baumeister, R. F., Bushman, B. J., & Campbell, W. K. (2000). Self-esteem, narcissism, and aggression: Does violence result from low self-esteem or from threatened egotism? *Current Directions in Psychological Science, 9*, 26-29.
- Baumeister, R. F., Smart, L., & Boden, J. M. (1996). Relation of threatened egotism to violence and aggression: The dark side of high self-esteem. *Psychological Review, 103*, 5-33.
- Blood, S. K. (2005). *Body work: The social construction of women's body image*. New York: Routledge.
- Cash, T. F. (2002). Cognitive-behavioral perspectives on body image. In T. F. Cash & T. Pruzinsky (Eds.), *Body image: A handbook of theory, research, and clinical practice* (pp. 38-46). New York: Guilford Press.
- Cash, T. F. (2004). Body image: Past, present, and future. *Body Image, 1*, 1-5.
- Cash, T. F. (2005). The influence of sociocultural factors on body image: Searching for constructs. *Clinical Psychology: Science and Practice, 12*, 438-442.
- Cash, T. F., Novy, P. L., & Grant, J. R. (1994). Why do women exercise? Factor analysis and further validation of the Reasons for Exercise Inventory. *Perceptual and Motor Skills, 78*, 539-544.
- Cash, T. F. & Pruzinsky, T. (2002). *Body image: A handbook of theory, research, and clinical practice*. New York: Guilford Press.

- Cohen, M.A., & Omery, A. (1994). Schools of phenomenology: Implications for research. In J.M. Morse (Ed.), *Critical issues in qualitative research methods* (pp. 136-156). Thousand Oaks, CA: Sage Publications.
- Cohen, S., Gottlieb, B. H., & Underwood, L. G. (2000). Social relationships and health. In S. Cohen, L.G. Underwood, & B. H. Gottlieb (Eds.). *Social support measurement and intervention: A guide for health and social scientists* (pp. 3-25). New York: Oxford University Press.
- Crawford, S., & Eklund, R. C. (1994). Social physique anxiety, reasons for exercise, and attitudes toward exercise settings. *Journal of Sport and Exercise Psychology*, 16, 70–82.
- Creswell, J. W. (1998). *Qualitative inquiry and research design: Choosing among five traditions*. Thousand Oaks, CA: Sage Publications.
- Creswell, J. W. (2003). *Research design: Qualitative, quantitative, and mixed methods approaches* (2<sup>nd</sup> ed.). Thousand Oaks, CA: Sage Publications.
- Crotty, M. (1998). *The foundations of social research: Meaning and perspective in the research process*. London: Sage Publications.
- Davis, C. (1997). Body image, exercise, and eating behaviors. In K. R. Fox (Ed.), *The physical self: From motivation to well-being* (pp. 143-174). Champaign, IL: Human Kinetics.
- Davis, C. (2002). Body image and athleticism. In T. Cash & T. Pruzinsky (Eds.), *Body image: A handbook of theory, research, and clinical practice* (pp. 219-225). New York: Guilford Press.
- Davis, C., Fox, J., Brewer, H., & Ratusny, D. (1995). Motivations to exercise as a function of personality characteristics, age, and gender. *Personality and Individual Differences*, 19, 165-174.

- Eklund, R. C., & Crawford, S. (1994). Active women, social physique anxiety, and exercise. *Journal of Sport and Exercise Psychology*, 16, 431–448.
- Elliott, R., Fischer, C. T., & Rennie, D. L. (1999). Evolving guidelines for publication of qualitative research studies in psychology and related fields. *British Journal of Clinical Psychology*, 38, 215-229.
- Fischer, C. T. (2006). *Qualitative research methods for psychologists: Introduction through empirical studies*. San Diego, CA: Elsevier.
- Fleming, T., Kowalski, K. C., Humbert, M. L., Fagan, K. R., Cannon, M. J., & Girolami, T. M. (2006). Body-related emotional experiences of young Aboriginal women. *Qualitative Health Research*, 16, 517-537.
- Fontana, A. & Frey, J. H. (2000). The interview: From structured questions to negotiated text. In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of qualitative research* (2<sup>nd</sup> ed., pp. 645-672). Thousand Oaks, CA: Sage Publications.
- Fox, K. R., & Corbin, C. B. (1989). The Physical Self-Perception Profile: Development and preliminary validation. *Journal of Sport and Exercise Psychology*, 11, 408-430.
- Frederick, C. M., & Morrison, C. S. (1996). Social physique anxiety: Personality constructs, motivations, exercise attitudes, and behaviors. *Perceptual and Motor Skills*, 82, 963–972.
- Frederick, C. M., & Ryan, R. M. (1993). Differences in motivation for sport and exercise and their relations with participation and mental health. *Journal of Sport Behavior*, 16, 124-146.
- Fredrickson, B. L., & Roberts, T. A. (1997). Objectification theory. *Psychology of Women Quarterly*, 21, 173-206.
- Gilbert, P. & Irons, C. (2004). A pilot exploration of the use of compassionate images in a group of self-critical people. *Memory*, 12, 507-516.

- Gilbert, P. & Irons, C. (2005). Therapies for shame and self-attacking, using cognitive, behavioural, emotional imagery and compassionate mind training. In P Gilbert (Ed.) *Compassion: Conceptualisations, research and use in psychotherapy* (pp. 263 – 325). London: Routledge.
- Giorgi, A. (1985). *Phenomenology and psychological research*. Pittsburgh, PA: Duquesne University Press.
- Giorgi, A. (1997). The theory, practice, and evaluation of the phenomenological method as a qualitative research procedure. *Journal of Phenomenological Psychology*, 28, 235-261.
- Giorgi, A. (2002). The question of validity in qualitative research. *Journal of Phenomenological Psychology*, 33, 1-18.
- Giorgi, A., Fischer, W. F., & von Eckartsberg, R. (1971). *Duquesne studies in phenomenological psychology* (Vol. 1). Pittsburgh, PA: Duquesne University Press.
- Giorgi, A. P., & Giorgi, B. M. (2003). The descriptive phenomenological psychological method. In P. Camic, J. E. Rhodes, & L. Yardley (Eds.), *Qualitative research in psychology* (pp. 242–273). Washington, DC: American Psychological Association.
- Grogan, S. (2006). Body image and health: Contemporary perspectives. *Journal of Health Psychology*, 11, 523-530.
- Harter, S. (1999). *The construction of the self*. New York: Guilford Press.
- Health Canada. (2003). *Canada's physical activity guide to healthy active living*. Retrieved June 2006 from <http://www.phac-aspc.gc.ca/pau-uap/paguide/>
- Hein, S. F., & Austin, W. J. (2001). Empirical and hermeneutic approaches to phenomenological research in psychology: A comparison. *Psychological Methods*, 6, 3-17.

- Ingledew, D. K., & Sullivan, G. (2002). Effects of body mass and body image on exercise motives in adolescence. *Psychology of Sport and Exercise*, 3, 323-338.
- Kearney-Cooke, A. (2002). Familial influences on body image development. In T. F. Cash & T. Pruzinsky (Eds.), *Body image: A handbook of theory, research, and clinical practice* (pp. 99-107). New York: Guilford Press.
- Kvale, S. (1996). *InterViews: An introduction to qualitative research interviewing*. Thousand Oaks, CA: Sage Publications.
- Laverty, S. M. (2003). Hermeneutic phenomenology and phenomenology: A comparison of historical and methodological considerations. *International Journal of Qualitative Methods*, 2(3). Article 3. Retrieved March 14, 2006 from [http://www.ualberta.ca/~iiqm/backissues/2\\_3final/pdf/laverty.pdf](http://www.ualberta.ca/~iiqm/backissues/2_3final/pdf/laverty.pdf)
- Leary, M. R. & Tangney, J. P. (2003). The self as an organizing construct in the behavioral and social sciences. In M. R. Leary & J. P. Tangney (Eds.), *Handbook of self and identity* (pp. 3-14). New York: Guilford Press.
- Levine, M. P. & Smolak, L. (2002). Body image development in adolescence. In T. F. Cash & T. Pruzinsky (Eds.), *Body image: A handbook of theory, research, and clinical practice* (pp. 74-82). New York: Guilford Press.
- Lincoln, Y. S. (1998). From understanding to action: New imperatives, new criteria, new methods for interpretive researchers. *Theory and Research in Social Education*, 26, 12-29.
- Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. Beverly Hills, CA: Sage Publications.
- Lincoln, Y. S., & Guba, E. G. (2000). Paradigmatic controversies, contradictions, and emerging confluences. In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of*

- qualitative research* (2<sup>nd</sup> ed., pp. 163-188). Thousand Oaks, CA: Sage Publications.
- Lustyk, M. K. B., Widman, L, Paschane, A. A. E., & Olson, K. C. (2004). Physical activity and quality of life: Assessing the influence of activity frequency, intensity, volume, and motives. *Behavioral Medicine*, 30, 124-131.
- Maine, M. (2000). *Body wars: Making peace with women's bodies*. Carlsbad, CA: Gurze Books.
- Marhsall, C. & Rossman, G. B. (1999). *Designing qualitative research* (3<sup>rd</sup> ed.). Thousand Oaks, CA: Sage Publications.
- McDonald, K., & Thompson, J. K. (1992). Eating disturbance, body image dissatisfaction, and reasons for exercising: Gender differences and correlational findings. *International Journal of Eating Disorders*, 11, 289–292.
- Merriam, S. B., & Associates. (2002). *Qualitative research in practice: Examples for discussion and research*. New York: Jossey-Bass.
- Morrow, S. L. (2005). Quality and trustworthiness in qualitative research in counseling psychology. *Journal of Counseling Psychology*, 52, 250-260.
- Moustakas, C. (1994). *Phenomenological research methods*. Thousand Oaks, CA: Sage Publications.
- Neff, K. D. (2003a). Self-compassion: An alternative conceptualization of a healthy attitude toward oneself. *Self and Identity*, 2, 85-101.
- Neff, K. D. (2003b). The development and validation of a scale to measure self-compassion. *Self and Identity*, 2, 223-250.
- Neff, K. D. (2004). Self-compassion and psychological well-being. *Constructivism in the Human Sciences*, 9(2), 27-37.
- Neff, K. D., Hsieh, Y., & Dejitterat, K. (2005). Self-compassion, achievement goals, and coping with academic failure. *Self and Identity*, 4, 263-287.

- Neff, K. D., Kirkpatrick, K. L., & Rude, S. S. (2007). Self-compassion and adaptive psychological functioning. *Journal of Research in Personality*, 41, 139-154.
- Neff, K. D., Rude, S. S., & Kirkpatrick, K. L. (in press). An examination of self-compassion in relation to positive psychological functioning and personality traits. *Journal of Research in Personality*.
- Patton, M. Q. (2002). *Qualitative research and evaluation methods* (3<sup>rd</sup> ed.). Thousand Oaks, CA: Sage Publications.
- Pearson, E. M. & Podeschi, R. L. (1999). Humanism and individualism: Maslow and his critics. *Adult Education Quarterly*, 50, 41-55.
- Rosenberg, M. (1979). *Conceiving the self*. New York: Basic Books, Inc.
- Rubin, H. J. & Rubin, I. S. (2005). *Qualitative interviewing: The art of hearing data* (2<sup>nd</sup> ed.). Thousand Oaks, CA: Sage Publications.
- Schwitzer, A. M., Bergholz, K., Dore, T., & Salimi, L. (1998). Eating disorders among college women: Prevention, education, and treatment responses. *Journal of American College Health*, 46, 199-207.
- Seligman, M. E. P. & Csikszentmihalyi, M. (2000). Positive psychology: An introduction. *American Psychologist*, 55, 5-14.
- Shapiro, S. L., Astin, J. A., Bishop, S. R., & Cordova, M. (2005). Mindfulness-Based Stress Reduction for health care professionals: Results from a randomized trial. *International Journal of Stress Management*, 12, 164-176.
- Shavelson, R. J., Hubner, J. J., & Stanton, G. C. (1976). Self-concept: Validation of construct interpretations. *Review of Educational Research*, 46, 407-441.
- Sheldon, K. M., Elliot, A. J., Kim, Y., & Kasser, T. (2001). What is satisfying about satisfying events? Testing 10 candidate psychological needs. *Journal of Personality and Social Psychology*, 80, 325-339.

- Smith, B. L., Handley, P., & Eldredge, D. A. (1998). Sex differences in exercise motivation and body-image satisfaction among college students. *Perceptual and Motor Skills, 86*, 723–732.
- Sonstroem, R. J. (1997). The physical self-system: A mediator of exercise and self-esteem. In K. R. Fox (Ed.), *The physical self: From motivation to well-being* (pp. 3-26). Champaign, IL: Human Kinetics.
- Sonstroem, R. J., Harlow, L. L., Gemma, L. M., & Osborne, S. (1991). Test of structural relationships with a proposed exercise and self-esteem model. *Journal of Personality Assessment, 56*, 348-364.
- Sonstroem, R. J., Harlow, L. L., & Salisbury, K. S. (1993). Path analysis of a self-esteem model across a competitive swim season. *Research Quarterly for Exercise and Sport, 64*(3), 335-342.
- Sonstroem, R. J., & Morgan, W. P. (1989). Exercise and self-esteem: Rationale and model. *Medicine and Science in Sports and Exercise, 21*, 329-337.
- Spence, J. C., McGannon, K. R., & Poon, P. (2005). The effect of exercise on global self-esteem: A quantitative review. *Journal of Sport and Exercise Psychology, 27*, 311-334.
- Stice, E., & Whitenton, K. (2002). Risk factors for body dissatisfaction in adolescent girls: A longitudinal investigation. *Developmental Psychology, 38*, 669-678.
- Striegel-Moore, R., Franko, D. (2002). Body image issues among girls and women. In T. F. Cash & T. Pruzinsky (Eds.), *Body image: A handbook of theory, research, and clinical practice* (p. 183-191). New York: Guilford Press.
- Thomas, J. R., Nelson, J. K., & Silverman, S. J. (2005). *Research methods in physical activity*. Champaign, IL: Human Kinetics.
- Thompson, J. K. & Gardner, R. M. (2002). Measuring perceptual body image among adolescents and adults. In T. F. Cash & T. Pruzinsky (Eds.), *Body image: A*



- handbook of theory, research, and clinical practice* (pp. 135-141). New York: Guilford Press.
- Thompson, J. K. & van den Berg, P. (2002). Measuring body image attitudes among adolescents and adults. In T. F. Cash & T. Pruzinsky (Eds.), *Body image: A handbook of theory, research, and clinical practice* (pp. 142-154). New York: Guilford Press.
- Tiggeman, M. (2004). Body image across the adult life span: Stability and change. *Body Image, 1*, 29-41.
- Tiggemann, M., & Slater, A. (2004). Thin ideals in music television: A source of social comparison and body dissatisfaction. *International Journal of Eating Disorders, 35*, 48-58.
- Tiggemann, M., & Williamson, S. (2000). The effect of exercise on body satisfaction and self-esteem as a function of gender and age. *Sex Roles, 43*, 119-127.
- Wengraf, T. (2001). *Qualitative research interviewing*. London: Sage Publications.
- Wertz, F. J. (2005). Phenomenological research methods for counseling psychology. *Journal of Counseling Psychology, 52*, 167-177.

## **APPENDICES**

## **APPENDIX A**

### Ethical Approval



University of Saskatchewan  
Behavioural Research Ethics Board (Beh-REB)

5-Jul-2006

## Certificate of Approval

PRINCIPAL INVESTIGATOR  
Kent C. Kowalski

DEPARTMENT  
Kinesiology

BEH#  
06-179

STUDENT RESEARCHERS  
Katie-Ann Berry

INSTITUTION(S) WHERE RESEARCH WILL BE CONDUCTED (STUDY SITE)  
University of Saskatchewan  
Saskatoon SK

SPONSOR  
UNFUNDED

TITLE  
Exploring the Construct of Self-Compassion as it Relates to Female Exercisers' Experience of Their Bodies

CURRENT APPROVAL DATE  
03-Jul-2006

CURRENT RENEWAL DATE  
01-Jul-2007

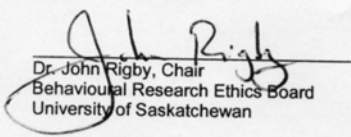
The University of Saskatchewan Behavioural Research Ethics Board has reviewed the above-named research project. The proposal was found to be acceptable on ethical grounds. The principal investigator has the responsibility for any other administrative or regulatory approvals that may pertain to this research project, and for ensuring that the authorized research is carried out according to the conditions outlined in the original protocol submitted for ethics review. This Certificate of Approval is valid for the above time period provided there is no change in experimental protocol or consent process or documents.

Any significant changes to your proposed method, or your consent and recruitment procedures should be reported to the Chair for Research Ethics Board consideration in advance of its implementation.

### ONGOING REVIEW REQUIREMENTS

The term of this approval is five years. However, the approval must be renewed on an annual basis. In order to receive annual renewal, a status report must be submitted to the REB Chair for Board consideration within one month of the current expiry date each year the study remains open, and upon study completion. Please refer to the following website for further instructions: <http://www.usask.ca/research/ethical.shtml>

APPROVED

  
Dr. John Rigby, Chair  
Behavioural Research Ethics Board  
University of Saskatchewan

Please send all correspondence to:

Ethics Office  
University of Saskatchewan  
Room 306 Kirk Hall, 117 Science Place  
Saskatoon SK S7N 5C8  
Telephone: (306) 966-2084 Fax: (306) 966-2069

## **APPENDIX B**

### Individual Interview Guide

## INDIVIDUAL INTERVIEW GUIDE

### Introduction:

- Purpose of interview: I am trying to understand what it is like for you to experience self-compassion in relation to your body. When you are describing the situation, please give me as much detail as possible so that I can really understand what it is like for you.
- TAKE YOUR TIME, don't feel rushed. If you are having a hard time finding the words to describe the situation take a moment to think about it.
- THERE IS NO RIGHT/WRONG ANSWER, I am trying to gain insight into your experiences and you are the expert.
- Talk about tape recorder (transcribing process & member checking) and taking notes (I'm not evaluating, just jotting down ideas/questions)

### Ice-breaker question ideas:

- How would you describe compassion?
- Do you think it is important for women to have compassion?
- How would you describe self-compassion?

### Primary question:

- Please describe in detail a time when you offered kindness, understanding, and a nonjudgmental attitude toward your body.

### Prompts:

- Can you tell me more about your reaction to this experience?
- Can you describe the circumstances around this situation?
- How was this different from any positive/negative feelings you may have felt toward your body in the past?
- What behaviours/thoughts/feelings are associated with this experience?
- Tangent: Can we revisit \_\_\_\_\_ ?
- More direction:
  - Can you tell me more about that?
  - Is there something you can compare it to? (use analogies)
  - Can you summarize what you just said? (repeat the question)
  - What was it that you thought about or did that brought about these kind and understanding feelings toward your body?
- Wrapping up:
  - Is there anything you feel that we missed? (Anything further?)

**Descriptive questions:**

- Can you give me a few reasons why you exercise?
- Where do you usually exercise?
- What type of exercise do you usually do (i.e., cardio, strength, flexibility)?
- How old are you?
- What do you identify as your ethnicity?
- How would you describe your socioeconomic status?
  
- How would you describe your body? (*Work it in during the main interview*)

**End of interview:**

- Thanks for helping me
- You provided valuable insight for my study
- Explain the rest of the study
  - Member checking
  - Focus group discussion
- Questions

## **APPENDIX C**

### Interview Preparation



## **INTERVIEW PREPARATION**

Interviewing is a process that requires skill and must be prepared for carefully, as with any other research activity (Wengraf, 2000). In order to prepare myself for the interview process, I began by reading literature on qualitative research interviewing. I referred to literature that discussed both conceptual (e.g., Fontana & Frey, 2000; Kvale, 1996) and practical issues (e.g., Patton, 2002; Wengraf, 2001) involved in the interview process. This provided me the opportunity to think about how I approach interview process and to plan the specific details of the interview phase of my study.

It is also recommended that researchers rehearse the interview session with a colleague before conducting their first interview with a participant (Kvale, 1996; Wengraf, 2000). In order to prepare myself accordingly, I conducted practice interviews with four female graduate students in my college. This provided me the opportunity to try out my interview guide (see Appendix B), seek feedback on my interviewing skills, and become familiar with the tape recording equipment. This process was quite valuable as it led me to modify or remove certain questions based on my colleagues' feedback and provided me the opportunity to learn how to negotiate the interview process. I worked on specific skills such as active listening, prompting participants to go into more detail, and redirecting tangential dialogue. I became more comfortable with the interview process and more confident in my interviewing skills as a result of these practice interview sessions.

## **APPENDIX D**

### Consent Form

## CONSENT FORM

You are invited to participate in a study entitled “Exploring the experience of body self-compassion for women who exercise”. This study is being conducted as part of a Master’s thesis. Please read this form carefully, and feel free to ask questions you might have.

### **Researchers**

Kent Kowalski  
Associate Professor  
University of Saskatchewan  
College of Kinesiology  
(306)966-1079  
kent.kowalski@usask.ca

Katie-Ann Berry  
M.Sc. candidate  
University of Saskatchewan  
College of Kinesiology  
(306)966-1123  
katie.berry@usask.ca

### **Purpose and Procedure**

Self-compassion involves offering kindness and understanding toward oneself, and taking a nonjudgmental attitude toward one’s imperfections, limitations, and failures. The purpose of this study is to explore self-compassion as it relates to female exercisers’ experience of their bodies. Should you choose to participate in this study, you will be part of a group of 4-8 female exercisers who will be participating in individual interviews and focus group discussions to discuss their experience of self-compassion toward their bodies.

In the first part of the study you will be asked to participate in an informal one-on-one interview. Following some preliminary demographic questions (e.g., age, reasons for exercising etc.), you will be asked to describe in detail two situations when you experienced a kind, understanding, and nonjudgmental attitude toward your body. Interviews will be scheduled to last 60 to 90 minutes and will take place at a location that is convenient for you. The interview will be audio taped so that we can have a record of the discussion.

Upon completion of the individual interviews, the interview data will be transcribed. Once this is completed I will meet with you to allow you to read the transcript and ensure that the transcript accurately reflects what you said during the interview. Any discrepancies that you identify will be changed accordingly on the transcript. Once these changes have been made, you will be asked to sign a transcript release form indicating that you are satisfied that the transcript accurately reflects what you said during the interview, that you give the research team permission to use this information in written or oral presentations of the study, and to include quotations from your individual interview and focus group discussion.

In the final phase of the study, I will meet with all of the participants to have a group discussion. We will discuss the common themes that emerged from the individual interviews, which will give you the opportunity to provide some input into the results of the research. As with the individual interviews, the focus group session will be audio taped and will be scheduled to last from 90 to 120 minutes. If this does not allow enough time to discuss all of the themes, another session may be scheduled.

After the group session, we will meet with you again to read through the transcript to ensure that the transcript accurately reflects what you said during the interview. Once

again, any discrepancies that you identify will be changed accordingly on the transcript and you will be asked to sign a transcript release form.

### **Potential Risks**

Some people may experience discomfort when being asked to share their experiences in the interview and discussion group. It is important to note that the researchers have measures in place to maintain confidentiality, and you have the right to refrain from answering any question or participating in any discussion that makes you feel uncomfortable. Should you experience any emotional distress as a result of participating in this study, please call the Saskatchewan Healthline (1-877-800-0002).

### **Potential Benefits**

If you choose to participate in this study, you will be given the opportunity to share your body-related experiences of self-compassion with other female exercisers and collaborate to discover what it is about these experiences that you share in common. This study may also benefit to the wider community by contributing to our understanding of the attitudes of female exercisers toward their bodies. It is important to note that these benefits are potential benefits only and are not guaranteed.

### **Storage of Data**

The data, including the interview questionnaires and tapes, will be stored in a locked cabinet in Dr. Kent Kowalski's office at the University of Saskatchewan. The data will be stored for five years after the study is completed.

### **Confidentiality**

The data from this study will be reported in my Master's thesis, submitted for publication in an academic journal, and presented at conferences. We will make every effort to ensure that the information you share in this study is confidential.

At the beginning of the study, you will be asked to choose a pseudonym (an alias or fake name). All written records in the study, including transcripts, will refer to you only by your pseudonym. When reporting the findings, we will attempt to identify common themes to reduce the potential for you to be identified by others based on what you have said. When reporting the characteristics of the participants in the participants section of the thesis document, we will only include those characteristics that are essential to the purpose of the study.

Although we will report direct quotations from the individual interviews and group discussion, you will be given the opportunity to review our transcripts, to alter your quotations as you see fit, and give permission for these quotations to be used.

Please note that we will maintain the confidentiality of the group discussion, but cannot guarantee that other members of the group will do so. Please respect the confidentiality of the other members of the group by not disclosing the contents of this discussion. When you sign this consent form, you are also signing an agreement to protect the confidentiality of the discussion.

### **Right to Withdraw**

Your participation in this study is voluntary, and you may withdraw from the study for any reason, at any time, without penalty of any kind. As mentioned previously, you

have the right to refrain from answering any question(s) that you do not wish to answer. You also have the right to request that your data be destroyed at any time.

**Questions or Concerns**

If you have any questions concerning the study, please feel free to ask at any point. Please feel free to contact the researchers at the numbers provided above if you have questions at a later time.

This study has been approved on ethical grounds by the University of Saskatchewan Behavioural Research Ethics Board on July 3, 2006. Any questions regarding your rights as a participant may be addressed to that committee through the Ethics Office (306)966-2084. Out of town participants may call collect.

You may wish to receive a summary of the study's findings. If so, please give your e-mail address to the researchers, and they will send you the summary once the data has been analyzed. You may contact the researchers at any time to request a summary of the results.

**Consent to Participate**

I have read and understood the description provided above; I have been provided with an opportunity to ask questions and my questions have been answered to my satisfaction. I consent to participate in the study described above, and I understand that I may withdraw this consent at any time. I consent to having my interview and focus group discussion audio taped and I understand that I have the right to ask that the tape recorder be turned off at any point in time. I acknowledge that I have the responsibility to protect the confidentiality of what others say during the group discussion and I agree to do so. A copy of this consent form has been given to me for my records.

\_\_\_\_\_  
(Name of Participant)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Participant)

\_\_\_\_\_  
(Signature of Researcher)

## **APPENDIX E**

### Transcript Release Form



## Research Ethics Boards (Behavioural and Biomedical)

### TRANSCRIPT RELEASE FORM

---

I, \_\_\_\_\_, have reviewed the complete transcript of my personal interview in this study, and have been provided with the opportunity to add, alter, and delete information from the transcript as appropriate. I acknowledge that the transcript accurately reflects what I said in my personal interview with Katie-Ann Berry. I hereby authorize the release of this transcript to Katie-Ann Berry and Dr. Kent Kowalski to be used in the manner described in the consent form. I have received a copy of this Data/Transcript Release Form for my own records.

\_\_\_\_\_  
Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Researcher

\_\_\_\_\_  
Date

## **APPENDIX F**

### Focus Group Interview Guide



## FOCUS GROUP INTERVIEW GUIDE

### Introduction

- Welcome & thanks for coming
- Review purpose of study
  - Explore the experience of SC related to the body
  - Your stories have provided insight
  - What is common when this occurs?
  - Looking for the essential structures (or themes) – what are the things that have to be there for it to be body SC?
- Discuss purpose of focus group discussion
  - I did analysis of interviews to find common themes that run through the interviews (run through at least one of your stories, if not both)
  - I would like to get your feedback. Do these themes reflect your experience?
  - Explain that these themes do not refer to one person's story, are found across all of the stories.
- Things that will make our discussion go smoothly
  - No right/wrong answers. I expect you will have different points of view, please share even if what you have to say differs from what others have said.
  - I am looking for honest feedback, interested in positive and negative comments – don't be shy!
  - Tape recorder: explain purpose
  - Confidentiality/limits of confidentiality: Comments are confidential (with me – can't guarantee others), please respect others' right to confidentiality (signed clause in consent form)
  - Name tents: help you remember names, don't have to respond to me all the time, encourage to talk with each other.
  - I'm interested in hearing from each of you. If I ask you what you think, it's not to single you out but to make sure I understand what you have to say.

### Questioning Route

Opening Question	1. Please tell us your name and happy story!
Key Questions	2. (Describe theme). Does this theme reflect the experiences you discussed in your interview? <ul style="list-style-type: none"> <li>• How does it reflect/not reflect your experience?</li> </ul> 3. Was this theme necessary to your experience of SC? <ul style="list-style-type: none"> <li>• Are there things that facilitate that experience?</li> <li>• Would you modify the theme? How?</li> </ul> 4. Do you have any suggestions for possible themes I might have missed?
Ending Questions	5. (Give summary of discussion of themes). How well does this capture our discussion of the themes? 6. Revisit purpose of study. Have I missed anything? Is there anything you didn't get a chance to say?